STATE TITLE V BLOCK GRANT NARRATIVE
STATE: WY
APPLICATION YEAR: 2006

I. GENERAL REQUIREMENTS

A. LETTER OF TRANSMITTAL

The Letter of Transmittal is to be provided as an attachment to this section.

B. FACE SHEET

A hard copy of the Face Sheet (from Form SF424) is to be sent directly to the Maternal and Child Health Bureau.

C. ASSURANCES AND CERTIFICATIONS

See below website.

http://wdhi.state.wy.us/forms/Lists/Policies.doc

D. TABLE OF CONTENTS

This report follows the outline of the Table of Contents provided in the "GUIDANCE AND FORMS FOR THE TITLE V APPLICATION/ANNUAL REPORT," OMB NO: 0915-0172; published June, 2003; expires May 31, 2006.

E. PUBLIC INPUT

This document, including the application and the annual report, was made available during the month of June 2005 for public comment. The document was also made available to local helth departments, child and family services advocates, parent advisors and primary stakeholders identified herein during the same period of time. All comments received during this period were duly reviewed and incorporated as appropriate. The Community and Family Health Division, Maternal and Child Health Section Web Page also invited participants to request and review documents.

II. NEEDS ASSESSMENT

In application year 2006, the Needs Assessment must be provided as an attachment to this section.

III. STATE OVERVIEW

A. OVERVIEW

Wyoming is geographically the ninth largest state in the United States with 97,670 square miles. It is bordered by six other states: South Dakota, Nebraska, Montana, Idaho, Utah, and Colorado. The 23 Wyoming counties, including the Wind River Indian Reservation, cover terrain ranging from semi-arid plains and rolling grasslands to snow-covered peaks along the Continental Divide, with each county being larger than many East Coast states.

Wyoming is the least populated state in the Union with an estimated population of 493,782 (Census Bureau, 2000). The population density of 5.1 persons per square mile categorizes Wyoming as a "frontier" state, with few communities and many miles in between. The size and rural nature of the state, coupled with the sparse population, present obvious geographical barriers to health care access.

According to the Bureau of the Census (2000):
• Estimated racial/ethnic composition of the state is:
89% Non-Hispanic White
6.4% White Hispanic
0.7% African American
2.1% Native American
0.5% Asian/Pacific Islander
1.3% Others
• The majority of Native Americans live on the Wind River Reservation, which overlaps Fremont and Hot Springs Counties.
• The median household income for the state was $41,349.
• Total residents with incomes below the federal poverty level (FPL) in 2000 was 12.5 percent, with 16.1% of children, ages 5-17 living below the poverty level.
• The statewide unemployment rate at the beginning of FY 02 was 3.9 percent.

Wyoming's total population increased 8.9% from 1990-2000 from 453,427 to 493,782. The number of people in Wyoming living in poverty increased in the 1990's, and those families headed by single women were affected at much higher rates. In 1999, 8% of all Wyoming families, 12.4% of families with children under 18 and 16.5% of families with children under 5 were living in poverty. In contrast, 30.9% of all female-headed households, 38.1% of female-headed households with children under 18 and 53.4% of female-headed households with children under 5 were living in poverty. Additionally, women earn less than 58 percent of what a man earns in Wyoming.

This Governor, along with the current Director of the Division of Family Services, is very oriented toward family and the issues of families in Wyoming and has held annual roundtables bringing together both private and public partners to discuss family issues. Public partners also included the faith-based groups and other small business groups to promote that families are a community responsibility, which have promoted teamwork among these entities.

Children and adolescents with serious and persistent substance abuse and/or emotional disturbances that impair their current functioning compose an estimated two to five percent of the population under age 18 (between 3,000 and 7,500 young people in Wyoming). These children often have multiple and overlapping problems that blur the traditional diagnostic categories i.e. developmental delays and a mental condition. Of equal concern are the children and adolescents with less severe symptoms who are estimated to be 11% of the population under age 18 (over 16,000 Wyoming youth). This category includes those at risk of developing more severe symptoms or having their current functioning deteriorate.

Of rising concern in Wyoming are the increase in methamphetamine (meth) labs and the exposure of young children to meth residue. The toxic residue from manufacturing meth permeates the environment, exposing children and adults alike, through all of our senses, including iodine, acids,

and phosphine that far exceed occupational standards. Wyoming, as many states, does not have standards for environmental clean-up of these sites and innocent people may be exposed to these hazards without being in the drug culture. Additionally, the need for foster homes has increased faster than the number of homes available to place children who have been placed in danger as a result of meth production or use.

Also of concern are children who are at risk for the likelihood of future problems or poor outcomes. Although no definitive data is available as to the size of this group, the risk factors can be defined. They include residential disruptions with out-of-home placement; multiple family separations; failed adoptions; physical, emotional or sexual abuse or severe neglect; domestic violence; or a parent with a severe and persistent mental illness or chronic substance abuse problem.

Dental Health providers for all populations are a concern, especially for children with special health care needs. The national dentist/patient ratio is 1/1750 whereas Wyoming has a dentist/patient ratio of >1/4000. Dental capacity is insufficient, as demonstrated by clients that have to wait longer than six weeks for an appointment. With dentists retiring and dental schools not producing dentists fast enough to replace them, the state dentist is researching recruitment strategies such as student loan repayments. Additionally, the possibility of creating a state financed dental delivery system utilizing mobile clinics and rural dental health clinics (as utilized by Indian Health Services) is being considered. The use of dental varnishes by primary care providers is being promoted for prevention efforts.

The Mental Health Division, within the Wyoming Department of Health (WDH), provides services through contractual agreements with non-profit service providers statewide to provide mental health and substance abuse support, as well as a variety of other services associated with the Division's major program areas of responsibility. Each program area has standards that guide the delivery of services and on-site reviews, visits, and monitoring reviews are provided to assure that quality services are provided within the limits of resources available to the Division. Wyoming has applied for a Medicaid Mental Health Waiver and a SAMHSA Children's Mental Health Initiative Grant . To further strengthen the mental health system, the Developmental Disabilities Division through the Child Care Centers is providing classes for teachers and other professionals to learn about normal and abnormal psychosocial behavior and methods of parenting that promote good mental and social health. For example, an increasing problem that is the developmentally disabled child who also has a mental health diagnosis, where either the developmental delay or the mental health issues are not addressed.

Wyoming has built an infrastructure of services and programs to provide health coverage for special populations, such as Medicaid, Kid Care CHIP, The Prescription Drug Assistance Program, Medicaid waivers for specialized medical care, senior citizen services, and services for developmentally disabled adults and children. Wyoming's KidCare CHIPs enrollment did not increase as projected when the program changed from a non-Medicaid look-alike to a stand alone program with co-pays and more limited services. Government funded health care providers in the state serving the medically indigent include Indian Health Services, MCH programs, Public Health Nursing, public school nurses, mental health services, and dental programs. The national nurse crisis has affected the ability to provide some of these services.

Specific health conditions are addressed by periodic clinics and target children with special needs, such as the deaf and blind & cleft palate clinics. A public and private partnership to address children's vision care is in place with the Wyoming Lions Clubs, Wyoming Institute for Disabilities and Division of Developmental Disabilities. Tertiary care centers also provide satellite clinics to areas of the state ranging from once a month to twice year and include cardiology, endocrinology, diabetes, and genetics. A few Wyoming providers also do satellite clinics such as ENT clinics and developmental clinics.

Health Care for the Homeless facilities and Community Health Centers in Cheyenne and Casper, a Migrant Health Program in the northwest part of the state, and a Black Lung Program in Sheridan

receive federal funding to provide care to the medically underserved. The Migrant Health Program provides pregnancy risk assessment services to migrant farm workers year round in northern Wyoming counties where farm workers reside. Free clinics in Laramie and Cheyenne are primarily dependent on private donations of time and resources.

Early detection and prevention programs, such as the Breast and Cervical Cancer Section, Early Head Start and Head Start, child development centers, and the Women, Infants and Children (WIC) program, promote wellness and help prevent illness. The Child Development Center Association developed a program of "1 before 2", encouraging parents to have one developmental screen done by age 2 for all children, which has been very successful.

Programs and organizations that advocate for those in need, including the Council on Aging, UPLIFT, PIC/PEN, Protection and Advocacy, Family Support Network , Governor's Council on Developmental Disabilities, and the Offices ofWomen's and Minority Health contribute to eliminating barriers to optimal health for all Wyoming residents.

Wyoming does not have an adequate number of health care professionals to provide care to Wyoming citizens. There is also a concern related to the shortage of nurses, complicated by the fact that a large percentage of the nurses working in the state are within 5-10 years retirement age. Most of Wyoming continues to be designated as a mental health professional shortage area, specifically with an acute shortage of mental health professionals who will treat At this time many parts of the state are designated as shortage areas for primary health care. Physician burnout is a problem, as many physicians who provide care in the more sparsely populated areas provide care 24 hours a day, 7 days a week, most days of the year. A summit held recently recommended attracting quality physicians by involving the University of Wyoming and the Legislature. Wyoming's low population does not readily support specialists and especially pediatric specialists. Even though Wyoming has contracted with pediatric specialists to provide satellite clicins, there is heavy competition for their time. Additionally, the Child Development Centers have been required to have masters prepared speech therapists, which lead to a lack of adequate speech therapists

During the past few years there has been a concerted effort by the Wyoming Medical Association for serious tort reform legislation, which is believed to be one of the reasons Wyoming has physician recruitment and retention issues. More physicians left the state after tort reform passed, and a Medical Review Panel was established that will review all cases
Wyoming health care facilities are also seeing staff burnout. Meanwhile, "mid level" providers, such as nurse practitioners, physician assistants, nurse midwives, nurse anesthetists, and dental hygienists, are not utilized effectively enough to cover critical provider gaps. The University of Wyoming has a regional Family Nurse Practitioner program and physicians within the state are utilizing graduates more. A revision to in the Nurse Practice Act allows for advanced practice registered nurses to practice independently.

Affordable health insurance for the working poor is not available within the state. There are gaps in services for low-income senior citizens, as well as for uninsured young adults. Wyoming's rate of multiple job holding is significantly higher than the national rate, and those individuals usually do not have access to employer-assisted health insurance plans. Medicaid has implemented case management for high-risk recipients to help decrease fragmentation and contain health care costs. Eligibility caps on Medicaid can prevent recipients in need of those programs from accessing appropriate health care.

As prescription drug costs continue to escalate, Medicaid has begun a pharmacy card program for certain populations to encourage use of generic medications, and is works with enrolled pharmacists to counsel clients on their ordered medications

Distances between providers continues to effect coordination and utilization of necessary services. Services available in the state are not always utilized by the health care consumers who are eligible and need them. Medicaid, in an effort to be more cost effective, has severely limited emergency

transportation funds, which are funds given prior to the appointment to assist families in keeping their HCP appointments. It is a hardship for families who are at 133% FPL or less do not have that much expendable income to save to cover transportation and/or overnight costs to out of state providers or not within their own community. Therefore, it is imperative that service delivery models provide transportation to assist families in accessing care.

In FY05, the MCH Section of the WDH conducted and is submitting a five-year comprehensive needs assessment. The model indicators utilized a set of broad health measures developed by the Maternal and Child Health Bureau and were organized under five domains: health status, risk/protective status, health and health-related services, health systems capacity and adequacy, and contextual characteristics. MCH used these indicators as a tool for planning and organizing a "stand-alone" community reference guide entitled Comprehensive Assessment of Wyoming's Maternal and Child Health Needs 2006-2011. Based on the results of the 2001-2005 needs assessment and stakeholder input, MCH emphasizes (not listed by priority):

1. Care coordination services for the at-risk MCH population including first time mothers, women with high-risk pregnancies and women and children with special health care needs.
2. Barriers to accessing health and dental care.
3. Incidence of low birth weight births in Wyoming.
4. Mental health service capacity for MCH population in Wyoming.
5. Preventable disease and injury in Wyoming children and youth.
6. Tobacco and other substance use in the MCH population.
7. Family participation and support in all MCH programs.
8. Women's pre-conception and inter-conception health.

B. AGENCY CAPACITY

The Wyoming Legislature has authorized the Wyoming Department of Health to secure Title V funds in W.S. 35-4-401-403 and to operate MCH programs in support of public health and safety in W.S. 35-1-240 and 9-2-106. Additionally, W. S. 35-27-101 through 35-27-104 became effective July 1, 2000, authorizing expansion of home visiting services to families with pregnant women and infants through age two. In addition, other vulnerable populations were designated as benefiting from one on one home visits, including premature infants, first time mothers, mothers who are incarcerated, or have substance abuse problems and women who experience violence/abuse. W.S. 35-4-801 provides for metabolic screening and the establishment of a fee, which the MCH section started in 2004 to maintain the screening program.

The Maternal and Child Health Section (MCH), housed within the Community and Family Health Division (CFHD) of the Wyoming Department of Health (WDH), is responsible for the administration of the Title V Block Grant The mission of the Division is to assure development of systems of health services for all Wyoming citizens that are family-centered, coordinated, community-based, culturally appropriate, cost-effective and efficient. In addition, the Division has a goal of improving outcomes related to health of all communities in the state. Wyoming is somewhat unique in that our minority populations are primarily Hispanic (6.4%) and Native American (2.1%). We therefore direct the majority of minority services to the two counties in which most of the population resides (Teton, Fremont).

In the 2004, legislative session House Bill 33 established and funded a Children and Family Initiative. It was a statewide effort of stakeholders that included private businesses, non-profits, local interest groups, government and community members joining together in a dedicated effort to improve the well-being of the most valuable assets in our state: our families. The guiding committee on this initiative are developing a roadmap for change and will submit a proposal and recommendations to the Legislature in October 2005. A survey plus two appointed teams of experts defined five (5) results for the citizens of Wyoming. They are: 1) Wyoming families living in a stable, safe, supportive,

nurturing, healthy environment, 2) A diverse economy that provides a liable income and ensures wage equality, 3) Affordable and accessible health care and insurance, 44) Children born healthy and achieving their highest potential in early development years, and 5) Students successfully educated and prepared for life's opportunities. Each result has four measurable items, which can be indicators of the progress being made in this area. MCH's Early Childhood Comprehensive Systems Grant was used to address the early childhood piece of this effort.

Key to the operation of the State MCH (Title V) Section is Wyoming's network of Public Health Nursing (PHN) offices located in each of Wyoming's twenty-three counties. Public health nurses provide the local service delivery infrastructure by serving as the first contact for families who are in need of MCH services, making appropriate referrals according to families needs. Limited financial support for prenatal care for those pregnant women who are uninsured or underinsured is offered. Additionally, prevention and intervention services are provided in the areas of communicable disease and pre-admission screening for nursing home placement, as well as playing pivotal roles in homeland security planning. PHN staff serve on interagency community councils and are responsible for updating community resource manuals at least annually.

In addition to collaborating and coordinating with PHN, MCH has a long-standing history of networking/collaborating with state and local consortia of health and social service agencies. Extensive efforts have been made to identify and provide support for health needs, service gaps, and barriers to care for families and children. As a community-based program, MCH utilizes a combination of federal and state funding, in addition to fee collection, for systems infrastructure development and capacity building in an effort to ensure local public health and safety net services for the MCH population.

A major strength of the MCH Title V program is its potential both to identify and address persistent and emerging health issues for women, infants, children and youth, including those with special health care needs, by assisting families on their self determined needs. The flexibility of the block grant to address a very broad array of health issues supports formation of vast networks to benefit families.

MCH program services, provided primarily through PHN offices, fill a critical access gap ranging from family planning to specialty clinics for children with special health care needs. Additionally, funds for programs to address health concerns have been initiated, i.e. Women's Health Study. A number of national- and state-level changes have, however, influenced the infrastructure focus of the MCH program by placing increased demands on current available resources.

Attached in an example of MCH activities according to the level of the pyramid (see appendix attached to this section).

These changes include:
• In depth scrutiny of Medicaid and its budget, which is the largest budget of the WDH.• Increased demand on PHN staff to provide Homeland Security Services.
• WDH has begun development of standards to various link data bases within the department in an effort to set up a method of sharing data between programs.
• HIPAA rules have had a negative effect on the exchange of information between providers.
• The decrease in MCH block grant funding, with increased emphasis on infrastructure building and outcomes, without corresponding staff increase.
• Wyoming Medicaid continues eligibility guidelines at 100% FPL.
• Numerous issues related to recruitment and retention of health providers in Wyoming, including the failure of tort reform legislation again.
• SCHIP guidelines have increased to 200% FPL.
• The passage of legislation in FY04 to provide funding for a comprehensive survey of the needs of Wyoming's children and families (CFI).
• Numerous changes in the WDH organizational structure (see Appendix).
• WDH initiated and implemented the change to an outcome-based approach project plan, which is now being implemented in other departments within state government

The MCH program has placed an increased emphasis on the public health functions of: assessment, policy development, assurance of access to health care, and performance measurement. Toward this end, beginning in FY 2003-04 MCH committed additional Title V funds to assist local public health departments in delivering core MCH services.

The total annual commitment to local community capacity building is now over one million dollars -- nearly the full amount of Wyoming's Title V allotment of $1.3 million.

It has become increasingly apparent that building capacity within communities is not an easy task, as a result of nursing shortages, wage discrepancies, uneven distribution of providers and the overwhelming cost of providing the necessary needed services.

C. ORGANIZATIONAL STRUCTURE

WDH is the primary state agency providing health and human services. It administers programs to maintain the health and safety of all Wyoming citizens, including 129,044 children under the age of 18. The WDH employs approximately 1,550 individuals statewide. The WDH annual budget is over $990 million; although the MCH Title V federal allocation in FY04 was only $1.3 million.

Recently, WDH was re-organized from the previous structure of 3 Deputy Directors. The current organizational structure (see organizational chart) includes (Beth)

Some key MCH collaborators* are listed below, to supplement the organizational charts:
• Mental Health Division* administers the mental health, and family violence/sexual assault authorities within the Department and the Wyoming State Hospital.
• Substance Abuse Division* provides a specific focus on substance abuse issues and maximizes current and future resources to fight substance use and addiction (including tobacco).
• Developmental Disabilities Division* provides services for children and adults with developmental disabilities, beginning with early intervention and preschool programs, including responsibilities associated with the intermediate education unit; the adult developmental disabilities programs, and the Wyoming State Training School.
• Community and Family Health Division provides MCH services (including Genetics and Metabolic Screening) as well as a number of direct service programs including Public Health Nursing*, Immunizations, Oral Health* and WIC*.
• Preventive Health and Safety Division includes Epidemiology, Cancer surveillance, Diabetes *, STD, Vital Records, Cardiovascular Disease*, Environmental health (lead and radon), Tuberculosis, Homeland Security, and many other programs that focus heavily on prevention and safety.

The State Health Officer (SHO), Brent Sherard MD, the Staff Pediatrician, Gary Melinkovich MD, and the State Dentist, Grant Christensen DDS, serve the entire Department of Health. Dr. Sherard provides medical consultation to agency staff regarding best practices, promotes and assists in establishing and maintaining standards of medical care, and provides consultation on medical needs and services to assist agency planning efforts. He also has legal responsibility for assuring that Public Health statutes are properly implemented throughout the state.

Dr. Melinkovich provides medical oversight for MCH programs, and ensures appropriate policy development and service delivery for this population. Additionally, Dr. Melinkovich provides consultation to Medicaid and Kid Care regarding early childhood issues and participates in the Children and Families Initiative, the Governor's Council on Developmental Disabilities, as well as the Governor's Council on Early Intervention. He also collaborates with the Department of Education in development of a plan for school-based clinics.

Dr. Grant Christensen provides dental oversight and consultation for the Dental Sealant, Marginal

Dental, Flouride Mouth Rinse and Severe Crippling Malocclusion programs. He also consults on other dental issues for programs within the WDH. Although Dr. Christensen provides leadership to the Cleft Palate Clinics, management of the Oral Health Services Unit remains within the CFHD. The expanded duties of Dr. Christensen as the "State Dentist" include: recruitment of dentists to the state through Legislative committee work on Department reimbursement issues; dental school loan repayment; coordination with coalitions, Dental Board and Dental Association to address access issues. Management of the Oral Health Services Unit remains within the CFHD.

D. OTHER MCH CAPACITY

Since its inception, the Wyoming Department of Health's MCH Section has consisted of a network of state and local consortia of health and social service agencies. This network has identified the health needs, service gaps, and barriers to care for families and children and has planned community health and clinical services to meet those needs. As a community-based program, MCH has used a combination of federal and state funding to offer public health and safety-net direct services for the MCH population.

The following staff changes occurred during the annual report/application period:
The MCH Family Consultant position was vacated in June 2004. The position was re-assigned to another division.

Ginny Crockett-Maillet resigned her position as the Home Visiting Nurse Consultant (NFP) in August 2004. Mona Coler, hired in June 2004 as the Perinatal Consultant, accepted the position of Home Visiting Nurse Consultant in September 2004, leaving the Perinatal Consultant position vacant. Christina Lujan was hired into that position in May 2005 (resume attached).

Peggy Rice resigned as the CSH Nurse Consultant in October 2004 and Sherill Bates was hired in May 2005 to fill that position (resume attached)

Dr. Phyllis Sherard resigned as the Deputy Director of Programs for WDH in December 2004.

Ginny Mahoney joined WDH as the Governor's Chief of Staff in December 2004.

Trena Primavera was transferred to the Director's Office of WDH in December 2004 to serve as a Social Marketing Consultant for WDH. However, she resigned her position in February 2005 and the Children and Adolescent Program Manager position was not returned to MCH.

LaVerna Adame became the Financial Specialist in December 2004, and Peggy Lundy was hired in March 2005 to fill her Administrative Assistant position.

Dr. Deborah Fleming resigned as the Director of the WDH in March 2005. Dr Brent Sherard (SHO) was named as the interim Director.

Cheryl Maddox resigned her Administrative Assistant position in April 2005 and Michele Haagenson was hired in June 2005.

Erin Croughwell Luben became the Community and Family Health Division Epidemiology Manager, however, she resigned in September 2005.

Angi Crotsenberg, who was an epidemiology intern for MCH, was hired as MCH Epidemiologist in August 2004, and promoted to CFHD Epidemiology Manager in September 20045 (resume attached).

Jimm Murray, Administrator CFHD, retired in September 2005. Ginny Mahoney is currently the Interim CFHD Administrator.

John Harper, Senior Deputy, retired in September 2005.

Data entry positions are now Crystal Swires and Anya Wilcox.

Betty Sones, Office of Minority Health, was relocated to the Office of Rural Health, and MCH is no longer funding this position.

Note: MCH has experienced a net loss of three positions in the past two years, reassigned to other WDH divisions -- Family Consultant, Children and Adolescent Program Manager, and Administrative Assistant. The Children and Adolescent programs have been most impacted, and MCH staff have taken on additional responsibilities related to that population. Additionally, the Genetics and Metabolic screenings programs, mandated by law, have become MCH programs with no additional staff.

MCH's strategic plan includes system development in support of:
All MCH Populations:
• Office of Women's Health: Debra Hamilton, MSN, RN, CRRN, CCM, CNLCP, CLC (307) 777-7944. Central point for the exchange of medical and statistical information, expertise and assistance in improving the health status of Wyoming's women. Plans and implements learning opportunities to provide updated education.

• CFHD Epidemiology: Erin Croughwell Luben, MPH (307) 777-7949. Coordinates MCH comprehensive needs assessment every five years to monitor health of all mothers, children and youth in the state; collects and analyzes data respond to inquiries from the media, community health planners, legislators and advocacy groups; designs studies for MCH issues; monitors progress toward national and state performance objectives; provides data to support policy changes; and assists with the evaluation of all CFHD initiatives.

Women and Infants Services:
• Perinatal Systems Manager: Debra Hamilton, MSN RN, CRRN, CCM, CNLCP, CLC (307) 777-7944. Responsible for development of comprehensive, coordinated, community-based systems of perinatal services to assure access for prenatal care (including financial assistance for mothers and newborns receiving care at tertiary care centers) as well as coordinated services appropriate for the pregnant woman and her family during the critical perinatal period. Perinatal contact and support are provided in every county in the state through the Best Beginnings program.

• Family Planning: Debra Hamilton, MSN, RN, CRRN, CCM, CNLCP, CLC (307) 777-7944. Contracts with public and private partners, through Wyoming Health Council, ensuring access to community-based family planning services, augmenting the state's Title X family planning grants.

• Nurse Family Partnership (NFP) Nurse Consultant: Mona Coler, BSN, RN, CLC (307) 777-3637. Provides consultation and technical assistance to public health nurses providing home visitation services through Nurse Family Partnership program. Serves as consultant to PHN in breastfeeding issues, lactation training/education, and as lactation clinical resource throughout the state. • \
• Perinatal Consultant: Christina Lujan, MSW, (307)777-3733 provides consultation and support for the Perinatal Unit including BB, NFP, MHR and NBIC programs. Point of contact for SIDS, FAS and providing guidance and support for families who have experienced the death of a child, and other issues that require family support.

• Metabolic Screening: Dorothy Ailes, MSN, RNC, MSN, PNP-C, (307) 777-7941. Coordinates metabolic screening materials to screening facilities; a data system to track testing, diagnosis and interventions; and program quality assurance.

Children and Youth (Birth - 24) Health Systems:

• Wyoming Children and Families Initiative (CFI): Beth Shober, MA (307) 777-6326. Initiative implemented as a result of the comprehensive needs assessment conducted spring/summer 2005. This multi-disciplinary, Governor appointed work group has taken the results of the needs assessment and created the Wyoming Family Photo document, which highlights 5 results that the State of Wyoming will be focused on addressing over the coming year(s). This process has been a vehicle to educate and raise awareness of the need for a comprehensive state youth development plan, with systems development being conducted through building and strengthening public and private partnerships to support families, children and youth in Wyoming.

• Wyoming Early Childhood Comprehensive Systems (ECCS) Planning Grant: Tiernan McIlwaine, (MA) (307)777-5246 ECCS grant funding was awarded to the MCH of the WDH in 2003 to develop a comprehensive statewide early childhood strategic plan for supporting young children, their families and their communities. This planning process is being co-facilitated by MCH and the Early Childhood Division at the Wyoming Department of Family Services. The ECCS process also coordinates with the above referenced CFI and is serving as the early childhood portion of that comprehensive effort. Cross-systems workgroups have been utilized to address the following ECCS grant focus areas: (a) access to health care and medical homes, (b) mental health and social/emotional development, (c) early care and education, (d) parent education and (e) family support. The ECCS strategic plan will address ways to leverage and braid funding to develop infrastructure that supports strategies under development. The ECCS process involves numerous agencies and departments serving children and families including: UPLIFT (Wyoming's Federation For Families representative), Wyoming Children's Action Alliance (Wyoming's KIDS Count publisher), Developmental Disabilities Division at the Wyoming Department of Health, Wyoming Department of Education, Child Development Services, Children and Nutrition Services (Child Care Resource and Referral) among others. This process includes specific roles for parents, advocates, policy makers and legislators as Wyoming moves towards a comprehensive system of services for young children, their families and their communities.

Children and Youth with Special Health Care Needs System:
• Children's Special Health Services: Dorothy Ailes, MSN, RNC, PNP-C, (307) 777-7941. Supports and provides technical support to public and private sector efforts enhancing early screening and treatment for children with special health care needs. Promotes infrastructure for the transition of the adolescents with special health care needs into adult services and workforce.

• Nurse Consultant: Sherrill Bates RN, BSN (307) 777-7941 Promotes care coordination for clients and families of children with special health care needs through the local PHN offices, including a premature newborn program. Care coordination is a family-centered, culturally competent program based on the available community resources and the coordination the family requires. Limited financial assistance via fee-for-service provider reimbursement for selected diagnoses is also provided.

• Genetic Clinic Services: Dorothy Ailes, MSN, RNC, PNP-C, (307) 777-7941. Services for standard newborn screening and follow-up for newborns with known or suspected genetic disorders. Genetic evaluations, counseling and consultation in treatment and management of genetic disease.

• Other MCH Block Grant Programs:
• Immunization: Funding to assist with registry development, vaccine purchase, and outreach is provided by MCH.
Oral Health Services Unit: Oral health services includes dental sealants, orthodontic and other services to under-served children.

MCH funds Community Capacity Grants to local Public Health Nursing (PHN) offices to assist communities in the development, delivery, and quality evaluation of MCH services.

To further improve capacity, Wyoming utilized State Systems Development Initiative (SSDI) funding for initiating a Maternal Outcomes Monitoring System (MOMS). The MOMS project is now providing information to guide policy development to assure healthier birth outcomes for Wyoming babies

related to risk behaviors of pregnant women. Additionally, efforts are underway to develop a comprehensive system to secure and stabilize existing data bases used by MCH program personnel, allow for data entry by nurses directly in the field as they see clients, reduce duplication of data entry by linking MCH programs in a database that will serve to connect interventions to outcomes and to decrease burden to families who apply for multiple MCH programs.

E. STATE AGENCY COORDINATION

The MCH Section coordinates with many state, county and local agencies and organizations to improve the health outcomes of the MCH populations.

Coordination within the Community and Family Health Division of the WDH: MCH meets regularly with Program Managers from other sections to coordinate services and activities related to the population jointly served. A few highlights of coordination results include:
• Women, Infants and Children (WIC): WIC collaboration has been essential in the development and revision of standards and policies for the perinatal, early childhood and home visiting initiatives. Nutritional support and information related to the Help me grow-Safe Kids! toll-free information and referral line was provided by WIC, and staff used a computer program purchased by MCH to analyze the nutritional intake of children with special health concerns in specialty clinics. WIC was also a key consultant to the training provided PHN staff regarding care of families with a premature infant.
• Oral Health Services Unit: Collaboration with Oral Health was essential in the development of the Maternal Dental Care Services Pilot which established the tremendous need for dental care within Wyoming, for all ages of citizens. Children and Youth with Special Health Care Needs (CYSHCN) provides support staff at the cleft palate clinics to conduct quality assurance interviews with families regarding their needs and adequacy of the resources being utilized. MCH, Medicaid and Oral Health have collaborated to address Medicaid's low reimbursement rate for preoperative planning time required for orthognathic surgery, which could have potentially threatened patient access. Further discussions have been held about the lack of dentists overall, especially dentists who will take Medicaid and Special Needs clients. Through collaboration with the Office of Rural Health and Rural Health Loan Repayment Service, ways to entice new providers into the state is being explored.
• Public Health Nursing: An in-depth study was conducted regarding the needs of MCH programs, staffing levels and training needs. From the findings suggestions were made to the documentation committee made up of PHN and MCH staff. Efforts were made to streamline documentation of nursing interventions for the MCH project and new forms were rolled out November 2003 with forms available on the PHN website. Audits at regional meetings were held throughout the state evaluating the standard of care, documentation and training needs of the staff. Beginning in July 2004, PHN and MCH collaborated with Medicaid and their case management contractor, APS, to develop a system of effective sharing of referrals to increase the number of pregnant women who access MCH services. This collaborative effort also serves to enhance the established referral system for all eligible pregnant women to apply for Medicaid services if eligible for services.
• Kid Care CHIP (State Children's Health Insurance Program): The state CHIP staff is now determining eligibility and the FPL has been increased to 185% and will increase to 200% July 2005.

The Children and Family Initiative (CFI) is a multi-disciplinary effort consisting of the agency directors of all state agencies as well as many non-profit and public businesses. All members of this initiative have committed time and resources to the project. MCH was actively involved in the planning implementation phase of the Comprehensive Study of Children and in Fall 04, the results of which have been the catalyst for the working efforts of the above CFI. The study identified issues and barriers facing many Wyoming children and families, including economic hardships, transportation and access to healthcare. The results of this effort have been recently published, entitled "Wyoming Family Photo". Result 4 of this document relates to all of our NPM and SPM, "Children [will be] born healthy and achieving their highest potential in early developmental years."

Coordination with other WDH Divisions: MCH coordinates and collaborates with other Divisions

outside the Community and Family Health Division, such as Preventive Health and Safety (Cardiovascular Disease, Diabetes, Cancer Surveillance, STDs, Genetics, Infectious Diseases, and Health Data Analysis), Developmental Disabilities (Part B & C, and Early Intervention Council), Medicaid, and Mental Health and Substance Abuse Divisions. MCH staff has planned and facilitated monthly WDH Program Managers meetings for several years to promote communication and collaboration between entities, with program meetings addressing a number of interests common to legislative issues; services offered by University of Wyoming regarding brochure design; workshop development and management; and presentations by the WDH fiscal office on changes in budget reports.

The MCH Services Coordination Team, chaired and organized by MCH staff, continues to grow as the identified gaps in services and new opportunities to enhance services to the MCH population (pregnant women, infants, children, adolescents, families of reproductive age) are continually changing. These monthly meetings, attended by a wide variety of individuals, provides a format for networking about staff changes, new programs, areas of concern and also areas of common interest.

MCH has active Memoranda of Understanding (MOU) stipulating the joint resolution of issues with several organizations within WDH including: Medicaid, Developmental Disabilities, Emergency Medical Services for Children Program, DFS, and the Immunization Program.

Coordination with Agencies external to the WDH: Participation on interagency councils, task forces and committees provide opportunities to coordinate MCH programs and strategies with agencies outside the Community and Family Health Division. The Title V Director and the MCH staff participate actively on the following:
• Association of Women's Health and Obstetrical and Neonatal Nurses (AWHONN) [NPM 8, 11, 15, 17, 18, & SPM 4, 7]
• Behavioral Health Task Force [NPM 2, 3, & 6]
• Breastfeeding Task Force [NPM 11]
• Child Care Certification Board [State Agency Coordination]
• Child and Family Initiative [Most NPM, SPM]
• Children's Trust Fund Board of Directors (DFS) [State Agency Coordination]
• Comprehensive Social Services Planning Team (DFS)
• Deaf Services Planning Committee (collaboration with DD) [NPM 2]
• Early Intervention Council (DD) [NPM 3 & 5]
• Governor's Early Childhood Development Council (pre-birth to age 8) [NPM 5, 15 & SPM 7]
• Governor's Planning Council on Developmental Disabilities [NPM 6]
• Head Start State Collaboration Project
• Healthy Child Care Wyoming (CISS Grant) Management Team
• Healthy Mothers/Healthy Babies Coalition [NPM 11, 15, 18 & SPM 4, 7]
• Impaired Driving Coalition [NPM 10]
• Lions Early Childhood Vision Screening Project (public-private) [NPM 3]
• March of Dimes (MOD) [NPM 1, 15, 17, 18 & SPM 4, 7, 9]
• Mountain States Regional Genetics Network [NPM 1]
• Newborn Hearing/Vision Screening and Intervention Board [NPM 1 & 3]
• Sexual Risk Reduction Coalition [NPM 10, 15, 18, SPM 4, 7, 9]
• State Child Health Insurance Program Steering Committee [NPM 4, 13 & 14]
• Wyoming Information Network (WIN)
• Wyoming Community Coalition for Health Education (WCCHE)[NPM 8, 10, 16, & SPM 1, 2, 3, 5, 6]
• Wyoming Early Start Program
• Wyoming Health Council (reproductive health) [NPM 15, 17, 18 & SPM 7]
• Wyoming Health Resources Network (provider recruitment & retention) [NPM 3]
• Wyoming Primary Care Association (WPCA) [NPM 3]
• Wyoming Suicide Prevention Task Force [NPM 16]
• Women's Treatment Advisory Council [NPM 15 & 17, SPM 4 &7]

State/Local Coordination: MCH also has a long-standing commitment to community-based systems development and documents some significant achievements, such as the adoption of goals and objectives that "institutionalize" systems development theory into the MCH Services, and establishing the system measure outcomes as evidenced with the county capacity grants. County capacity grants are now based on system measures outcomes and the degree to which both inter- and intra-agency collaboration has been improved at the state level.

Community Integrated Service Systems (CISS): The project title of Wyoming's CISS grant is Healthy Child Care Wyoming. This project is administered by the University of Wyoming and is a collaborative effort between MCH, DFS, Department of Education, Head Start Collaboration State Team, Learning Center, Children's Nutrition Services/Child Care Finder and Wyoming Children's Action Alliance. Healthy Child Care Wyoming has trained 35 Certified Child Health Consultants (CHCCs) in a pilot online course developed by the University of Wyoming. (This course is now offered by the University for graduate credit as a means to sustain the training effort.) Additionally, a system to obtain data on accidents and injuries in childcare has been developed. The University of Wyoming provides the curriculum for an Early Childhood Program Director's Certificate, including monitored video analysis of competencies for the infant/toddler credential.

Project goals for Healthy Child Care Wyoming are as follows: (a) Caring for Our Children (CFOC) Health and Safety Performance Standards will be utilized by all public health nurses and CCHCs in Wyoming, as well as child care centers and home providers; (b) out-of-home care providers will provide healthy and safe environments for infants and toddlers; (c) accidents and injuries in child care will decrease, (d) the team of CCHC trainers in Wyoming will increase; (e) a voluntary system of CCHC nurse/early childhood development teams will be developed to work with early childhood programs in all counties, and (f) 100%of eligible children will be enrolled in health insurance. Healthy Child Care Wyoming has developed needed infrastructure for an integrated service system of health consultants for childcare providers, but has yet to develop sustainable funding mechanisms to support the consultative services. As a part of the ongoing Early Childhood Systems Grant in Wyoming, the tenets of Healthy Child Care Wyoming are being addressed as are the possible funding mechanisms which include fees paid by centers and quality child care subsidies.

MCH was awarded the Early Childhood Comprehensive Systems ECCS Grant through HRSA, for the project period July 1, 2005 through June 30, 2008. During the planning stage of the grant , Wyoming crafted a comprehensive statewide early childhood development strategic plan, focused on the development of a comprehensive cross-systems effort to address: (a) access to health insurance and medical homes, (b) mental health and social-emotional development, (c) early care and education, including childcare, (d) parent education, and (e) family support. This grant continues to be operated via a MOU with DFS. It has become the cornerstone for legislative action to study services available for Wyoming's children. Objectives focus on content development of the strategic plan as follows: (a) identification of key traditional and nontraditional partners, including how alliances have been developed and what needs to be included for maintenance of them; (b) completion of a comprehensive needs assessment; (c) assessment of resources for strengths and gaps, capacity, and financing of early childhood activities; (d) development of a clear vision and mission statement; (e) prioritization of issues, including the five areas identified; (f) implementation; and (g) establishment of a set of indicators for tracking early childhood outcomes. Additionally, objectives will be incorporated to identify strategies which: (a) improve data collection, (b) identify short and long-term sustainable funding for potential service expansion and service integration, (c) promote finance and resource leveraging, and (d) influence policy.

In FY00, the Office of Minority Health (OMH) funded a multi-state study, an Assessment of State Minority Health Infrastructure and Capacity to Address Issues of Health Disparity. A recommendation was for states to assist in collecting, tracking and disseminating data on health status by race and ethnicity, citing specific inaccuracies of health data related to Native American populations. The OMH provided technical assistance to improve infrastructure development related to policies, programs and practices on health disparities. As a result, the Minority Health Needs Assessment was conducted and is available for review and use in policy and program development.

Wind River Indian Reservation based efforts strive to expand services and address the MCH mission to work with a broad network of partners to improve the health and well-being of Wyoming's Native American MCH population. This network focuses on strengthening both personal care and public health systems to establish an integrated community system of comprehensive services. As always, most efforts have primarily been dedicated to building collaborative partnerships at the community level with providers and public/private organizations in an effort to maximize scarce financial and human resources. It was documented in the Wind River Indian Needs Determination Survey-2 (WINDS-2), revised in 1999, that Native Americans have a disproportionately high level of needs in some areas. Capacity grants have provided infrastructure development efforts related to improving access to primary and preventive services. Efforts reflecting improved access to care include contractual relationships with the Fremont County Health Department, as well as the Fremont County-based collaboration of Safe Kids Wyoming Chapter and Injury Prevention Project, which serves Lander and the Wind River Indian Reservation.

Wyoming has no tertiary care centers for pregnant women or infants, and few pediatric specialists. Therefore, the following tertiary centers provide critical access to health care for our most at-risk families: The Children's Hospital, University of Colorado Health Sciences Center and Presbyterian-St. Luke's in Denver, Colorado; Primary Children's Medical Center, The University of Utah Hospital, McKay-Dee Hospital and Shriner's Hospital in Salt Lake City, Utah; St. Vincent's Hospital in Billings, Montana; and the Regional Medical Center in Rapid City, South Dakota. Satellite clinics were also provided by tertiary care centers out of Denver, to Wyoming residents. MCH has established and maintains strong relationships with these tertiary centers and schedules periodic visits to promote the "Refer all Wyoming Families" message

The attached table delineates some of the partnerships between state and private agencies and the MCH populations they serve.

F. HEALTH SYSTEMS CAPACITY INDICATORS

Please see attachment for Health Systems Capacity Indicators

IV. PRIORITIES, PERFORMANCE AND PROGRAM ACTIVITIES

A. BACKGROUND AND OVERVIEW

MCH is revising the process of funding distribution to county PHN offices, based on performance. Previously, funding was distributed to PHN offices based upon the county population base and a somewhat arbitrary request for funding. The current capacity grant application for MCH funding to enhance delivery of MCH services requires PHN staff to project future objectives for previously determined performance measures. Additionally, a funding formula is in the preliminary stage of implementation, based on the MCHB-recommended funding formula. Therefore, funding allocations will be determined from a narrative of program activities, current performance, and established need.

In addition, WDH implemented a more comprehensive and useful strategic planning model in FY05. The modal serves to bring the related issues of past performance, future projections to "turn the curve", or improve the trend, and budget allocation into a simplified and more usable document. Each Section and Division were required to develop a strategic plan, beginning with each individual program, complementing each other, and contributing to the goals of the WDH as a whole. The expectation is that the document will be used to plan and revise programs and policies to assure in keeping with department goals.

The Wyoming Department of Health has a least 76 data bases utilizing different types of versions of software, which makes sharing data difficult. An effort in the last five years to integrate all the MCH databases has met with little success, due to the high cost of integrating all of the programs. Additionally, change is a constant in the type of data gathered. Current efforts are being directed to updating and strengthening systems to enter and manipulate with greater ease and to have the ability to export it. Therefore, updating the CSH FoxPro system from a DOS system to Windows on an Oracle platform is in process. The perinatal systems data is being upgraded from an Access database into an Oracle-based database to provide stability and ease in manipulating and exporting data. WDH has initiated a project to establish a common client directory to establish the number of clients being served by more than one program. Five databases have been chosen for the first download.

B. STATE PRIORITIES

As indicated in the Needs Assessment section, Wyoming has identified the following priority areas (not listed by level of priority):
Provide care coordination services for the at-risk MCH population including first time mothers, women with high-risk pregnancies and women and children with special health care needs.

Decrease barriers to accessing health and dental care.

Decrease incidence of low birth weight births in Wyoming.

Increase mental health service capacity for MCH population in Wyoming.

Decrease preventable disease and injury in Wyoming children and youth.

Decrease tobacco and other substance use in the MCH population.

Increase family participation and support in all MCH programs.

Improve women's pre-conception and inter-conception health.

Subsequent to identifying these priorities during the development of the Five Year Needs Assessment, MCH modified the state performance measures.
State Performance Measures
It was determined state performance measures 5 and 8 would be discontinued (The percentage of women drinking alcohol during pregnancy and the percentage of Wyoming counties with access to

translation services). SAD is primarily responsible to address alcohol use in all populations, including pregnant women. Minority Health is currently located in another section, and MCH funds are no longer being used to support that position. However, translation and appropriate support services continue to be available throughout the state. As a result of changes in MCH priorities, two new state performance measures were added. Wyoming's current state performance measures are listed below. The two new performance measures include future efforts directed toward these areas.

New State Performance Measures

Percent of Wyoming infants identified at birth with a congenital anomaly
• Collaborate with Vital Records to obtain aggregate data on infants born with congenital anomalies.
• Since Wyoming has no birth defects surveillance system, a data system will be implemented to track data on congenital anomalies.

Percent of women who report taking a multivitamin in the month before pregnancy
Emphasis will be on nutrition during pregnancy with support from:
• WIC
• Cent$ible Nutrition
• Healthy Baby is Worth the Weight Program which helps pregnant women and their providers track weight during pregnancy to ensure adequate weight gain

Current State Performance Measures
• Percent of deaths in children and youth ages 1-24 due to non-motor vehicle related unintentional injuries.
• Percent of high school students using alcohol
• Percent of high school students who report tobacco smoking.
• Percent of infants born to women who smoked during pregnancy
• Percent of Wyoming high school students who are overweight
• Percent of high school students using methamphetamine
• The percent of infants born preterm (before 37 weeks gestation)
• Long anomaly
• Multivitamin

Old and new state performance measures are outlined in the State Performance Measures Summary Sheet in the next section.

C. NATIONAL PERFORMANCE MEASURES

Performance Measure 01: *The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	98	98	98	98	98
Annual Indicator	99.1	96.5	96.8	97.4	92.5
Numerator	5795	5558	5840	5950	2477

Denominator	5847	5758	6034	6109	2678
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	99	99	99	99	99

Notes - 2002

2002 was reported incorrectly last year. It is now correct.

Notes - 2003

The total number of occurent births is 6109 which is different than occurent births reported by vital records. Data on this form are from hospital surveys which should be considered estimates. According to vital records, only 5767 birth occurred in Wyoming. A new data system is expected in the next 2 years that will link metabolic screening data to birth certificate data which will fix this problem.

Notes - 2004

2004 data is currently not available due to program changes. Data for previous years have been reported based on hospital surveys, which have limitations. In 2005, all newborn screening reports will be matched to birth certificate records. Data for 2004 are available only from August to December.

a. Last Year's Accomplishments

The Newborn Metabolic Screening and Genetic Counseling programs were relocated to MCH. As a result, data collection was changed. Previously, data for this indicator were collected by a survey of all in-state hospitals. In the second half of 2004, data for metabolic screens were matched to each birth certificate. Data are only available for half the year and it appears that the indicator has dropped. However, statistically, there is no difference, and we feel that the data are now more accurate.

Efforts continued to strengthen the system of collaboration and referrals. Primary care providers were contacted to determine the treatment plan being administered for a positive screen and to assure the family is receiving treatment. All families who have a newborn diagnosed with a metabolic disease are referred to genetic counseling if they have not already accessed it, as well as to programs offering financial assistance such as Medicaid and SCHIP. See NPM#12 regarding the collaboration with Newborn Hearing.

In partnering with the Colorado laboratory, the problems found with screening specimens were a) batching (holding specimens until there were enough to mail), b) improper stacking of specimens during drying, and c) applying blood droplets on top of each other. A letter, accompanied by a video on the proper method of drawing a specimen, was sent from WDH Staff Physician, Dr. Gary Melinkovich, to guide procedures conducted in the laboratory. The batching issue improved, however improper stacking and application of the drops continues to be a problem.

Screening for Congenital Adrenal Hyperplasia was established and began July 1, 2004.

Vital Records provided MCH with birth information on individual births, to help track infants who missed screening. See NPM#12 for further information of efforts to track these infants.

Wyoming applied for a grant to establish a Birth Defects Registry, however was not funded for

the project. A summer intern researched the availability of data and the collection methods for a birth defects surveillance system. Data was collected for birth anomalies from newborn hearing; metabolic screening; Children's Special Health Program; Genetics Clinic (University of Colorado); and Vital Records. Please see SPM#8.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Newborn screening services and followup				X
2. Metabolic Screening				X
3. TMS program				X
4. Vital Records				X
5. Birth Defects Registry				X
6. Children and Families Initiative (CFI)/Early Childhood Comprehensive Systems (ECCS) Planning Grant				X
7. Support data systems				X
8. Translation/Transportation services				X
9. MCH capacity grant				X
10.				

b. Current Activities

MCH will continue to coordinate newborn screening services. Standard guidelines are being established for timeframes from screening of the infant until treatment is begun, which will vary by metabolic disease. A protocol to follow up on infants who have been adopted and have unsatisfactory or abnormal screenings is being implemented. Catholic Charities have been cooperative, and they in turn contact the parents for follow up.

Efforts this year have been directed toward coordinating newborn screening services, including contacting hospitals to inform them of the establishment of a fee for service; assessing individual hospital practices for gathering specimens and offering technical assistance to increase satisfactory results; reinforcing the need for a second specimen on all infants screened prior to 24 hours of age; addressing the need to revise the process for batching specimens and decreasing the timeframe in drawing of the initial specimen; and working with individual hospitals on policies regarding the drawing of specimens. MCH also coordinated with Colorado Department of Public Health and Environment (CDPHE) to receive a monthly report of specimens that were found to be unsatisfactory.

A fee schedule was established and put into effect on 08/01/04, and has been well received. The fee is charged for initial screens done by hospitals, but nor for the second PKU. Request for a permanent position to be assigned to the Metabolic Program has been made. Currently, it is filled as a contracted position through the University of Colorado.

Tandem Mass Spectrometry (TMS) services have been researched by the Metabolic Program and the State Staff Physician. A Request for Proposal (RFP) is being developed to include TMS in the newborn screening panel.

Vital Records provides MCH birth information to help track infants who missed screening (see NPM#12).

The Children and Family Initiative (CFI) has determined one of its goals to be: "Children born healthy and achieving their highest potential in early development years." The Metabolic Program will contribute data to guide that project.

MCH is in the process of contracting with an agency to update the CSH FoxPro system, and a module for newborn screening is to be added.

Translation services will also continue to be paid for health providers to contact families regarding the need for additional screening. Eligible families needing assistance with transportation to obtain services are funded by MCH.

MCH Capacity Grants to counties provides funding for PHN staff to visit families and refer to appropriate community resources.

c. Plan for the Coming Year

MCH will continue to coordinate newborn screening services. Standard guidelines will be established as to the length of time from screening of the infant until treatment is begun, which will vary by metabolic disease. The goal will be 100% compliance. Efforts to follow up on infants who have been adopted that have unsatisfactory or abnormal screenings will proceed. The Latter Day Saints Service and private adoption agencies will be contacted to solicit support and inform of standard guidelines.

MCH has received the first report of births to Wyoming residents. The plan is to begin cross checking hospital screening results with births for each hospital to capture infants who were not screened. Newborn Hearing and Metabolic Screening programs will combine efforts in tracking infants transferred out of state, by a letter from the WDH going to each hospital to request screening results. Responses to these letters will be shared with both programs and with the primary care provider. Primary care providers will be contacted to determine if infants who have not been screened or had an unsatisfactory screen at the hospital received their followup screening.

Families of the few homebirths that occur in Wyoming will be contacted through a joint effort of Newborn Hearing and Metabolic Screening to assure services are received. Parents and lay midwives will be educated regarding the importance of screening.

The Metabolic Program Manager will continue to work toward securing a permanent administrative position for the Metabolic Program.

Hospitals will continue to be charged a fee for all initial PKU screens. The impact of TMS may necessitate the fee to be increased. Wyoming will model their program after the Colorado TMS program, as many of our children are seen in Colorado for their metabolic disorders. Research will continue regarding Wyoming's population and necessary funding. A committee will be tasked with determining what metabolic testing Wyoming will conduct. A RFP will be put out in the next year for companies willing to provide metabolic screening to Wyoming infants.

MCH will continue to partner with Vital Records in maintaining the system to track WY births. Vital Records staff will assist us in contacting Vital Records departments in other states to obtain birth information on Wyoming residents.

Funds will be contributed from the Metabolic Program to upgrade the current data system to establish the Genetics and Metabolic Programs modules.

Translation services will continue to be paid for health providers to contact families regarding

the need for additional screening. If families need assistance with transportation to obtain these services, MCH funds for transportation will be utilized for eligible families.

Capacity Grants will provide funding to the PHN staff to provide MCH services, including tracking infants that have been unable to be contacted and need further followup.

Performance Measure 02: *The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective				59	59
Annual Indicator			57.7	57.7	57.7
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	59	59	60	60	60

Notes - 2002

The 2002 indicator is based on the State estimates from SLAITS.

Notes - 2003

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

Notes - 2004

The data reported in 2004 are pre-populated with the data from 2002 for this performance measure.

a. Last Year's Accomplishments

The Child and Family Initiative was funded by the legislature to explore issues specific to children and families.

The Early Childhood Comprehensive System Planning Grant was awarded to MCH and collaboration and implementation of the planning stage began in FY04.

After retirement of the Family Coordinator in June of 2004, efforts were made to continue the work of the Parent Advisory Panel (PAP) by utilizing a similar position in the Mental Health Division (MHD). Teleconferencing with the panel was attempted with mixed results. A white paper was written to the WDH Deputy Administrator regarding the necessity for WDH to address client/family concerns. Unfortunately, the MHC position was eliminated and efforts to

maintain the panel have been continued only sporadically, due to the lack of staff positions available in MCH. However, support to individual families was provided on a case by case basis.

Wyoming Institute for Disabilities (WIND) Family Support Network lost funding for educating volunteers within the state regarding the various programs available through MCH. Other funding sources were pursued unsuccessfully in FY04.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Family and provider satisfaction survey				X
2. CFI/ECCS				X
3. Systems of Care Committee			X	
4. Champions for Progress/ 2-1-1 Call line for families				X
5. Support data systems				X
6. Perinatal Consultant			X	
7. Translation/transportation services		X		
8. MCH capacity grant	X			
9.				
10.				

b. Current Activities

A survey was prepared to solicit client satisfaction with CSH clinic services. Results were discussed and a plan to improve satisfaction and establish measurable goals was formulated.

The three goals to address family inclusion and support are: a) "Wyoming families living in a stable, safe, supportive, nurturing, healthy environment," b) "a diverse economy that provides a livable income and ensures wage equality," and c) "affordable and accessible healthcare and insurance."

MCH staff serves on various committees to address such issues as supporting families in earning a livable wage, individuals needing to hold more than one job, abuse and neglect, the effect of divorce on a family and health professional shortage areas.

The Early Intervention Council holds meetings throughout the state, inviting families of children who attend developmental centers to discuss their needs and concerns. Discussions were held regarding the use of methamphetamines and the effect on communities, lack of effort community resources and family support, and the lack of available community resources. PHN staff was determined to be a positive influence and their knowledge of resources was helpful to the families.

A Champions for Progress Grant was jointly awarded to MCH and WIND. Family members attended focus groups to discuss the transition of disabled youth into the adult world. The programs supporting families, seemed fractured and families felt Vocational Rehabilitation and the DOE needed to provide more comprehensive information on accessing services. Many disabled adults were found to be followed by a pediatrician as an adult, or a family practice physician.

ECCS is in the process of developing a 2-1-1 call line, to provide referral for families to appropriate services in their community.

MCH collaborated with many other organizations and programs to assure family participation at the focus groups conducted in conjunction with the MCH needs assessment.

Numerous complaints were received from MCH clients related to transportation, customer service issues, slow reimbursement of funds, loss of paperwork/payment reimbursements and telephone messages not being returned. As a result, the Medicaid fiscal intermediary (ACS) is now handling all travel reimbursement .

MCH continues to support access to services by providing transportation and translation services. Orientation of new PHN staff enables the promotion of these services and continues to make families aware of these services and how to access them.

MCH Capacity Grants to counties provides funding for PHN staff to visit families and refer to appropriate community resources.

c. Plan for the Coming Year

In FY06 surveys will be developed to be utilized at Genetic Clinic sites. Results from the clinic surveys will be analyzed and reviewed to determine how MCH may improve access to services. The care coordinators for MCH clients will then address barriers perceived by families and professionals when accessing necessary care. Family satisfaction surveys will be promoted as a means to measure satisfaction with the services accessed. Continued partnership with Medicaid will streamline and coordinate services.

MCH staff will continue to participate in the Children and Families Initiative to ensure the appropriate focus on infants, children and their families undertaken by this statewide advisory council continues.

Continued partnership between Newborn Hearing and Metabolic Screening will promote MCH contact with families of newborns who were not screened. The effort will focus on whether families are aware of the availability of screenings and their understanding of the purpose for screening.

The newly hired Perinatal Consultant has experience with conducting parent groups and support groups. It is expected she will provide parent/family support for much of the MCH population.

Transportation and translation services will continue to be available to MCH clients. These services not only address various languages, but also signing for the deaf population. A recent change regarding provision of emergency funding for clients accessing care outside of WY may impact the client's ability to access care.

Performance Measure 03: *The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance	2000	2001	2002	2003	2004

Data					
Annual Performance Objective				56	56
Annual Indicator			55.6	55.6	55.6
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	56	56	58	58	58

Notes - 2002

The 2002 indicator is based on the State estimates from SLAITS.

Notes - 2003

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

Notes - 2004

The data reported in 2004 are pre-populated with the data from 2002 for this performance measure.

a. Last Year's Accomplishments

Medical Home was promoted through the Children and Families Initiative and the Early Childhood Comprehensive Systems Planning Grant. A committee comprised of Dr. Melinkovich, representatives from Medicaid, PHN, KidCare/CHIP and MCH discussed promotion of a medical home for all children. Proposed measurable outcomes related to improving utilization of Medical Home were: a) decrease rate of emergency room utilization for non-emergency care, b) increase the % of children with health insurance, c) increase the % of children reporting a primary care physician, d) increase the % of children receiving dental care prior to age 5, e) increase the % of children receiving dental sealants prior to age 5, f) increase the immunization rate at 2 and 5 years of age, and g) increase the % of children receiving periodic well child checks as recommended by the American Academy of Pediatrics. ECCS also promoted children being screened early for disabilities and their program of "1 Before 2" was successful in getting more children screened.

The CSH program manager was a member of the Early Intervention Council, which functions as an advisory council to DDD. Council efforts included training developmental center personnel to screen for mental health issues, as well as basic strategies on addressing mental health issues. This project complemented the Systems of Care Committee efforts in establishing a tiered system to address the mental health issues and provision.

MCH continued to participate in and fund the Vision Screening Project with combined private and public efforts. Encouraging families with a child who tested positive to follow up with a provider was emphasized, as well as changes in the follow up letter emphasizing the risks of a positive screen. Although the number of children screened has increased, the number of children who have had follow up visits has maintained at 30% for several years. Due to MCH funding cuts, financial support was not provided to the project in FY04 and it was subsequently funded by the Developmental Disabilities Division (DDD). The committee also researched other possible grants and funding resources as well as alternative ways of providing the screening process. One possible solution considered was having the staff of the Developmental Centers

performing screening and follow up.

Providers in Jackson were interested in having a Diabetes Satellite clinic and contacted MCH with the request. Therefore, plans were developed to support Dr. Walravens to provide the clinic service.

Medicaid convened a team compromised of school and public health nurses, staff from Immunization, MCH and KidCare/CHIP to determine a plan to promote EPSDTs. Research was conducted to determine why families failed to keep well child appointments, as well as the family perception of value of well child checks.

KidCare/CHIP referred any applications in which parents stated their child has special need health care need to CSH.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Medical home				X
2. CFI/ECCS				X
3. Kid Care/Medicaid application				X
4. Medicaid case management team				X
5. Health Care Provider Shortage Area (HPSA)			X	
6. Support data systems				X
7. Translation/Transportation service		X		
8. MCH capacity grant	X			
9.				
10.				

b. Current Activities

MCH continues to promote the use of the medical home model through collaboration with other programs. MCH actively participates on the EPSDT and Medical Home committees to address medical home issues.

The Children and Families Initiative is working to promote the model of families earning enough money to be self-sufficient without public or private subsidies by utilizing a social marketing campaign that is being developed.

MCH collaborates with DDD on the Visual Screening Project. Efforts continue to increase the number of children receiving follow up and having professional visual screening.

Although CSH receives 50-80 applications a month from KidCare CHIP in which parents have stated their child has a special health care need, many of the children have a special need that is not covered by CSH. Previously, these families were directed to family support staff who assisted them in appropriate referrals, however, with recent staff constraints, routine follow up was not necessarily available during FY05. The applications process has been revised to ascertain if a family is in need of assistance, in which case, MCH is notified by DFS.

Medicaid contracted with a case management entity, APS, to enhance services offered to Medicaid recipients. Case management team efforts were temporarily stalled due to insufficient

staffing, however, referrals are now shared regarding Medicaid dually-eligible, complex cases. For example, a particularly complex foster child case required collaboration with not only Medicaid, but also DFS for successful management.

Proposed tort reform legislation did not pass again in Wyoming during FY05, therefore, physicians continue to leave the state. Many physicians leaving are in specialty areas, such as obstetrics, which impacts family physicians who are accessed to provide the needed care.

MCH serves on the Wyoming Health Resources Network board tasked with recruitment and retention of physicians and nurses in Wyoming.

Contracts are pending for updating the FoxPRO system that is currently being used for the CSH database. The purpose is to update and streamline the system (consolidating three systems into one) to enable the electronic submittal of forms to ACS. This will improve the efficiency of processing and tracking of clients within the MCH system.

MCH continues to address problems within the state regarding provision of transportation services. Direct services are provided as well as promotion of the need for translation and transportation service to other programs. MCH collaborates with the Minority Health Coordinator to increase the number of translators and languages available within Wyoming.

c. Plan for the Coming Year

Efforts will continue in promoting Medical Home to Medicaid and KidCare CHIP. However, policy changes are expected that will allow families to chose another provider each time they access care, which will not be supportive of medical home promotion.

MCH will continue efforts being made on the Children and Families Initiative and the ECCS grant.

With the anticipated changes in care coordination, the referral process and promotion of family-centered care coordination will look different in the future.

MCH will continue promoting referral to appropriate programs through either a 2-1-1 program or a similar one to assist families with appropriate referrals.

Discussions will be held with Medicaid (APS) and BC/BS to determine how care coordination may evolve for specific populations, such as foster children.

Performance Measure 04: *The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective				52	52

Annual Indicator			51.6	51.6	51.6
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	52	52	57	57	57

Notes - 2002

The 2002 indicator is based on the State estimates from SLAITS.

Notes - 2003

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

Notes - 2004

The data reported in 2004 are pre-populated with the data from 2002 for this performance measure.

a. Last Year's Accomplishments

SLAITS data show that 51.6% of children with special health care needs age 0 to 18 have adequate private and/or public insurance to pay for the services they need.

On September 1, 2004, MCH began requiring families who may qualify for Medicaid or SHCIP to apply for those programs prior to determining eligibility for MCH programs. Proof of Medicaid and SCHIP application was required as part of the application process. DFS and SCHIP applications were revised to include all vital components needed for both programs, allowing for families to submit one comprehensive application. The revised applications asks for information on children who have special health care needs and applications with that designation were referred to MCH.

MCH actively participated on the Covering Kids Coalition. Efforts focused on addressing barriers to families enrolling/re-enrolling for services they were eligible for, including a decrease in marketing efforts and a waiting list for services. Marketing efforts increased in October 2004, which increased re-enrollment to some degree. Another concern discussed was the change from a Medicaid look-alike to an insurance program with co-pays, which is a hardship for some families.

The Covering Kids Coalition has brought various programs serving children together to promote the care of children. Coalition committees included: a) an Outreach Team to support businesses and schools with other ways of marketing these services, b) a Simplification Team to address assisting completion of the application, simplifying the application and increasing re-enrollment in the program, and c) a Coordination Team to research non-custodial parent issues, coordination with providers and tracking notification re-enrollment.

CSH continued to fill gaps created in SCHIP coverage by paying for hearing aids, drugs, consultation and evaluation fees. The number of children dually eligible for CSH and SCHIP remained low.

KidCare/CHIP referred any applications in which parents stated their child has special need health care need to CSH, although, many of the children have that diagnoses are not covered by CSH.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Kid Care/SCHIP/Medicaid Application			X	
2. SCHIP Program Coordination Committee				X
3. Children & Families Initiative				X
4. Covering Kids Committee				X
5. Gap filling services		X		
6. Support data systems				X
7. Translation/transportation services		X		
8. MCH capacity grant	X			
9.				
10.				

b. Current Activities

Proof of Medicaid and SCHIP application are required as part of the MCH application process, which has slightly increased the number of applications for services. DFS and SCHIP applications are revised to include all vital components needed for both programs, allowing for families to submit one comprehensive application. The revised applications ask for information on children who have special health care needs and applications with that designation are referred to MCH.

CSH continued to partner with SCHIP by receiving reports of families no longer eligible for SCHIP. CSH continued to monitor children who become ineligible for SSI and notified PHN staff to assist families in reapplication for the program.

The Wyoming Children and Families Initiative has established "affordable and accessible health care and insurance" as one of its results. Outcomes being measured are: a) percent of residents not covered by health insurance, b) percent of Wyoming companies providing selected benefits to their full and part time employees, c) uncompensated hospital care in Wyoming, d) percent of Wyoming's eligible children receiving dental care and e) percent of population within health professional shortage areas. This is a statewide initiative involving WDH, Work Force Development, DFS and the Justice Department. MCH actively participates in committee work and partners with other entities to fulfill requirements of the Early Childhood Comprehensive Grant.

MCH staff participates on the Covering Kids Committee.

MCH continues to provide gap-filling services, including the newborns with special health care needs unable to receive coverage on the insurance program during their first month. The cost of these gap-filling services is being tracked to support increased SCHIP coverage for children.

Effective May 1, 2005, MCH financial eligibility guidelines changed, with child support paid and insurance premiums being the only allowable deductions. This revision affects families with higher incomes who have not purchased insurance, but were able to qualify for MCH programs due to the previous spend-down guidelines.

Enhancing the existing data system has been discussed in earlier NPMs.

MCH provides limited travel/per diem funds for families to access needed medical care.

The provision of translation services is imperative to help families understand the federal programs and how to access care for their families. MCH capacity grants to PHN offices are designed to provide assistance to families utilizing the benefits of programs they enroll in.

c. Plan for the Coming Year

MCH will continue to collaborate with Medicaid and SCHIP to cover services not covered by either entity.

One area of concern is children on the DD Waiver when SSI is discontinued. It was also discovered that there is a difference in qualified alien policy between SCHIP and Medicaid (SCHIP requires only 5 years of residency in the state whereas Medicaid requires 10 years). Families meeting the SCHIP 5 year residency but not the Medicaid level of income are denied Medicaid coverage. SCHIP is in the process of changing their financial policy regarding these families.

MCH will continue to participate in the Children and Families Initiative and ECCS grant to promote infrastructure for families obtaining adequate private and/or public insurance.

MCH will continue to advocate for changes in the system that have been identified through care coordination.

Performance Measure 05: *Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective				82	82
Annual Indicator			80.3	80.3	80.3
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	82	82	84	84	84

Notes - 2002

The 2002 indicator is based on the State estimates from SLAITS.

Notes - 2003

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

Notes - 2004

The data reported in 2004 are pre-populated with the data from 2002 for this performance measure.

a. Last Year's Accomplishments

As stated earlier, the Champions for Progress grant addressed transitioning from the parents point of view.

MCH requested family input for the Five Year Needs Assessment as well as for the Children and Family Initiative. Letters were sent to all MCH clients regarding the need for family participation in both of these important projects. Parent groups were contacted to notify their clients, and mailing costs were reimbursed as requested. See Needs Assessment section for specific attendance information.

PHN staff followed up with families who were referred to community resources. Nurses in most communities belong to numerous types of interagency community councils which addresses problems families have with accessing community resources. PHN staff can document barriers on "barrier logs" that can be submitted to the PHN state office. Barrier logs and input from the PHNs who provide services to the families help MCH become aware of gaps in the system.

CSH continued to provide medical records to the care coordinator and to the primary care provider. There were issues between the out-of-state tertiary care centers and Wyoming providers, however. MCH has addressed the HIPAA issue utilizing the covered entity option, in which case management is considered part of TPO. Signed released and timely provision of requested information continued to be problematic.

Premature Newborn Program (PNP) was assessed and changes are being planned. It was determined lack of staff training was a major issue due to the rate of staff turnover, as many had not attended the only training that had been offered. The number of premature infants referred to the program is low, partly due to the PHN staffing shortage. Nurses have also stated that they would like a more structured curriculum to guide their discussions with the family. Research has been conducted regarding other state's premature infant services to determine if there is a model that could be adapted to Wyoming.

The use of translators outside of family members is increased in the areas where fluent translators are available.

Transportation issues were identified as barriers to accessing necessary care. Therefore, specific transportation cases were presented to Medicaid, along with documentation of phone calls not being answered, messages not being returned, payment for travel made that was not approved and travel payments that were not timely. As a result, Medicaid contracted with ACS to be the travel call center, and the number of complaints received has dropped significantly.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Family and provider satisfaction				X
2. Systems of Care Committee				X
3. CFI /ECCS				X

4. Community Coalitions				X
5. HIPAA/ Sharing of treatment plans				X
6. PHN training		X		
7. Premature Newborn Program (PNP)	X			
8. Specialty Satellite Clinics	X			
9. Translation and transportation services	X			
10. MCH Capacity Grant				X

b. Current Activities

DFS has utilized a postcard format to determine survey client satisfaction, which may be possible to utilize in determining satisfaction with MCH services. APS currently does a survey of satisfaction with Medicaid and PHN services received for postpartum women.

Results from the 6 month pilot project of genetic clinic satisfaction will be analyzed and improvement of delivery plans will be discussed.

The System of Care Steering Committee keeps abreast of several projects that address mental health issues in children and partners with appropriate projects. One project area being addressed is a plan for the Olmstead Act, which addresses a) the avoidance of placing children in out-of-home placements to the extent possible, b) returning the children to their home communities as soon as possible after placement, with needed treatment and supports in place and c) insuring successful long-term re-unification when children leave an out-of-home placement and return to their home communities. The draft of this plan considers "that families are needed partners in this system and that children with physical and developmental disabilities require special efforts to best serve them in the community."

The ECCS grant staff is researching the possibility of establishing a Family 2-1-1 service. This will allow a family to speak directly to a person regarding their need for services and be referred to appropriate resources available in their community.

PHN staff was informed of changes that occurred over the year regarding financial assistance, medical conditions and changes in eligibility requirements. Families were notified of changes to the MCH programs. Newly promulgated Rules and Regulations were out for public comment for one month prior to being signed into policy.

To meet PHN educational and technical needs, a survey was conducted with Nurse Managers in April 05. Information obtained on the need for training opportunities, best times of year for MCH meetings, locations and suggested days of the week will direct the future learning opportunities for PHN staff.

Wyoming provides a number of different specialty clinics, and we have recently added an additional diabetes clinic and are assessing the need for a nutrition clinic. Genetic counseling clinics may be impacted in the next five years with children identified through TMS.

Transportation problems and billing problems have become apparent and have been addressed.

c. Plan for the Coming Year

Changes occurring in the financial assistance provided to families will be communicated with the families.

Providers and families will be surveys by a variety of methods.

MCH will continue to participate on the Systems of Care Grant.

MCH staff will continue to participate on the Children and Family Initiative and ECCS grant committees.

MCH will continue to provide specialty clinics and research adding other clinics to the schedule.

MCH will continue researching ways to address community-based systems. Other providers besides PHNs may be recruited to work with families

Performance Measure 06: *The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective				7	7
Annual Indicator			5.8	5.8	5.8
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	7	7	8	8	8

Notes - 2002

Because only one of the States (Maine) met the NCHS standards for reliability for PM 6, the 2002 indicator is the national average except for Maine which has its State value noted.

Notes - 2003

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

Notes - 2004

The data reported in 2004 are pre-populated with the data from 2002 for this performance measure.

a. Last Year's Accomplishments

Since this percentage is based on a national estimate, a state performance objective has not been set. According to SLAITS data, 5.8% of youth with special health care needs receive the services necessary to make transitions to all aspects of adult life.

In 2004, Wyoming partnered with Wyoming Institute for Disabilities to apply for a Champions for Progress grant. The grant application focused on determining transition issues with parents.

No single agency taking the lead to help transition the youth into adult services was determined to be a major factor in transitioning their children into adulthood. It was suggested the school districts take too narrow of a focus, and could take a stronger leadership role. Some suggestions were: 1) a Transition Network that would train parents to train other parents about transition through newsletters and regional parent forums; 2) development of a structured transition plan that parents could follow with different options; 3) having a vocational assessment earlier than was currently performed, as well as extending the time period Vocational Rehab works with a client; 4) occupational skill training, and 5) a One Stop Resource Center. Transition was presented at PHN orientation as a planning process that starts at birth and goes through each developmental stage. A timeline for putting individual transition plans into place was presented, which included the educational system creating transition plans on the IEP, as well as applying for social security at age 18.

MCH staff participated on the Medicaid Case Management Team and promoted transition of clients into adult services.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Champions for Progress				X
2. Parents Advocacy Program		X		
3. Medicaid Case Management Team			X	
4. PHN orientation				X
5. Governors Council on Developmental Disabilities				X
6. Rocky Mountain Public Health Consortium		X		
7. Translation services				X
8. MCH capacity grant				X
9.				
10.				

b. Current Activities

A former CSH staff member (and parent) received a grant to provide a Parents Advocacy Program and thus has been offering classes to families. MCH has referred families to the program to provide support from other parents and learn about needed resources.

Translation services are important to assist parents in understanding benefits available for their child.

Capacity Grants provide funding for the PHN staff to visit families and assist in transitioning clients.

c. Plan for the Coming Year

MCH staff plans to meet with the Department of Education about the success of the one school district in helping students transition into adult services. The hope is that other school districts would duplicate the successful project.

MCH will continue to enhance PHN staff knowledge regarding transition, to lend support in their communities and partner with other local agencies.

Orientation for new nurses will be scheduled and will include transition training. MCH plans to include a presentation by Vocational Rehabilitation about what services they offer and their eligibility requirements in future PHN orientation sessions.

Work will continue with the Governor's Council on Developmental Disabilities and Vocational Rehabilitation to educate the parents regarding the recommended timing of Rehab, and will be combined with Department of Education planning.

Rocky Mountain Public Health Consortium provides education about transitioning to adulthood. It will be promoted to PHN staff to attend in FY05 along with new MCH staff.

Performance Measure 07: *Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	80	80	80	80	70.1
Annual Indicator		77.3	74.6	70.1	80.1
Numerator		14426	10962	10103	11796
Denominator	18031	18662	14695	14412	14727
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	82	82	84	84	86

Notes - 2002

In 2002, PM7 changed from % of complete 4:3:1:3:3:1 at age two to % of complete 4:3:1:3:3:1 between the ages of 19 and 35 months. The 2002 percentage was taken from the FY 2002 National Immunization Survey. The children in the NIS survey were born between August 1998 and November 2000. A denominator was estimated by determining the average number of births per month by year and then multiplying the monthly average by the number of months included in each survey. (1998 Births/12 * 5 + 1999 Births + 2000 Births/12 *11). The numerator was then estimated from 74.6% of the the denominator.

Notes - 2003

Data are from the 2003 National Immunization Survey. Numerator is estimated using the percentage given in the survey and the denominator of all estimated births between August 1999 and November 2001, based on monthly averages.

Notes - 2004

Data are from the FY 2004 National Immunization Survey. Numerator is estimated using the percentage given in the survey and the denominator of all estimated births between August 2000 and November 2002, based on monthly averages.

a. Last Year's Accomplishments

The FY04 objective was to immunize at least 70.1% of children ages 19-35 months for Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B. In FY 04, 80.1% of children ages 19-35 months of age had completed their 4:3:1:3:3. This was a significant increase from 70.1% in FY03. MCH does not have administrative responsibility for the Immunization Program; however in 04, MCH collaborated with Immunization Program staff to improve in rates.

Evaluation data of infants provided services through the Nurse Family Partnership (NFP) home visiting model indicates the following results (through August, 2004): At 12 months of age, the rates of completion for Hepatitis B, DTP/DtaP, HIB, and Polio were 100%. At 24 months of age, the completion rates for all vaccines were 100% as well.

From the Year Five (2004)NFP Report. Data are from Wyoming NFP graduates from program initiation through September 2004.

Immunization Levels at 12 months:

HIB 98%
HepB 99%
DPT 99%
Polio 100%

Immunization Levels at 24 months:

HIB 95%
HepB 100%
DPT 87%
Polio 99%
MMR 99%

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Perinatal Services Unit			X	
2. Immunization Program Collaboration				X
3. Immunization Registry				X
4. CFI				X
5. ECCS				X
6. Translation services		X		
7. MCH capacity grant				X
8.				
9.				
10.				

b. Current Activities

The Immunization Registry continues to be functional in all thirty-one Public Health Nursing offices.

Care coordination is provided to all families with pregnant women and young children through PHN offices via Perinatal Services (Best Beginnings, Nurse Family Partnership). Care coordination continues to be utilized as an opportunity to provide education regarding immunizations, as well as referral to health care providers for well-child care and immunizations.

During FY04, MCH funds were utilitzed to purchase influenza vaccine for infants and toddlers, ages six to 24 months. (Although covered by the Vaccine for Children (VFC) program, it is anticipated that CDC funding will not provide for an adequate number of doses to meet Wyoming need.

CFI support will continue in keeping with Result 4, "Children born healthy and acheiving their highest potential in early development years".

c. Plan for the Coming Year

The Immunization Registry will continue to track immunization rates throughout the state.

Other collaborative efforts include involvement of Immunization staff in the ECCS Planning Grant as it relates to strategic planning and assurance of medical homes for children.

Participation in the CFI will continue to insure promotion of immunizations in children ages 19-35 months.

Performance Measure 08: *The rate of birth (per 1,000) for teenagers aged 15 through 17 years.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	21	21	16.4	16.4	16.1
Annual Indicator	19.1	17.8	17.7	19.3	
Numerator	236	220	211	221	
Denominator	12343	12343	11907	11426	
Is the Data Provisional or Final?				Final	
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	16.1	15.9	15.9	15.9	15.9

Notes - 2004

Vital Records data for 2004 not yet available.

a. Last Year's Accomplishments

The CY03 objective was 16.4 per 1,000 live births. Result: The CY03 rate was 19.3. While this is an increase from the past 3 years, there has been no significant change.

MCH was a funding partner with DFS and DOE to pilot coordinated school health sites across the state through a competitive application process. Six pilot sites were identified and are in the process of meeting the requirements of the grant.

The Unintended Pregnancy Prevention Coalition, an organization of public and private partners re-established itself with the development of a comprehensive strategic plan. Two parent education workshops were conducted to improve communication between parents and their children.

The Child and Adolescent Health Services Manager was the Project Manager for the Wyoming Youth Development Collaborative (WYDC), an interagency collaborative committed to improving conditions in Wyoming for children, youth and families; therefore addressing all youth risk factors. Actions conducted in 2003 included: 1) identification of several state-level barriers to providing seamless, integrated services; 2) identification of 25+ youth serving boards and councils without a comprehensive state plan to meet the developmental needs of our youth; 3) education of partners/stake holders on utilizing results-based strategic planning and project management. MCH also received a State Early Childhood Comprehensive Systems (ECCS) Planning Grant and is in the process of conducting the environmental survey, in collaboration with multiple private/public organizations.

The section 510 Abstinence Education Grant was awarded to MCH in FY04 to continue its Sex Can Wait--Wyoming social marketing campaign, with objectives to inform youth 9-14 years of age about the importance of avoiding risky behaviors and the relationship of alcohol and drug use in increased sexual vulnerability; as well as communication skills needed to take responsibility for their own body and rejecting sexual advances; and to enable parents to effectively communicate with their youth about avoiding sexual activity and other risky behaviors such as alcohol, tobacco, and drug use. Approximately 10,000 collateral Sex Can Wait-Wyoming materials and brochures were distributed to youth through schools, public health nursing offices, educators and those educating youth on abstinence only. A toll free 800-line was available for youth, adults, etc. to receive the collateral campaign materials and brochures.

Other actions included: 1) funding of the 2004 YRBS; 2) supplemental funding for family planning, through WHC, the Title X recipient; 3) continued use of Baby Think It Over (BTIO) mannequins with curriculum to increase effectiveness of educating youth on sexual behavior, use of birth control and pregnancy planning; 4) continued public-private partnership with Wyoming Coalition for Community Health Education (WCCHE) in support of their annual conference to empower the 75 youth who attended to make better choices

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Funding for reproductive health services				X
2. Comprehensive School Health Program (CSHP)			X	
3. Sexual Risk Reduction Council (SRRC)				X

4. YRBS				X
5. Youth Development Collaborative/CFI				X
6. Abstinence Education Grant				X
7. Support of Summer Institute				X
8. Translation services		X		
9. MCH capacity grants				X
10.				

b. Current Activities

The WYDC was reinstituted with the establishment of a Sponsorship Committee, consisting of the agency deputy directors who have committed time and resources. Staff of the 25+ youth serving boards and councils is being surveyed to determine their focus as it relates to youth, funding sources, mandates, etc. From this survey, a final report will be presented to the Governor to assist in planning with the state's direction toward youth development agenda. MCH is also actively involved with the planning and implementation phase of the Comprehensive Study of Children and Families mandated by legislation this last fall. The purpose of this study is to identify issues and barriers facing many Wyoming children and families, to include economic, transportation, and access to healthcare. From this study, a comprehensive plan will be developed.

The Section 510 Abstinence Education grant has been shifted to reside within the Department of Family Services, in an effort to mirror changes with this program at the federal level. The intent of the grant is to continue the Sex Can Wait--Wyoming social marketing campaign. MCH provided the state general fund match for the abstinence education grant. The toll free 800-line remains available for youth, adults, etc. to receive information related to the objectives of the grant. Sex Can Wait-Wyoming collateral materials are distributed to youth through schools, public health nursing offices, educators and entities presenting abstinence to youth. A new collaborative effort with the Sexual Risk Reduction Coalition (SRCC) (formally known as the Unintended Pregnancy Prevention Task Force (UPC) has initiated the creation of a research based, user friendly website for children as well as their parents regarding questions and issues surrounding sexuality, abstinence, anatomy, etc. Access to this website can be made by accessing the following URL: www.iwannaknowyo.com.

MCH supports the DOE with resources for the Summer Institute, where educators, nurses, PHNs, other school staff, community youth service providers, etc. are invited to enhance their skills with updated health information.

In addition, MCH continues to: 1) provide funding to Wyoming's Title X Grantee, WHC to assure access to family planning services for the adolescent population; 2) participate on the SRRC to decrease adolescent unintended pregnancies through strategies including improvement of child/parent communication; 3) leverage funding to conduct the YRBS, which provides information on student reporting of tobacco, alcohol and drug use, as well as other risky behaviors.

c. Plan for the Coming Year

MCH will continue to be an active participant on the Governor's Children and Family Initiative, which will continue to address the state-level barriers to provide seamless and integrated services to youth and families in the communities, as well as other issues identified by the Comprehensive Study of Children and Families.

In addition, MCH will continue: 1) it's partnerships with the SRRC; 2) to fund the Title X grantee to ensure access for family planning services to the adolescent population; 3) to seek

opportunities to educate citizens and policymakers of the importance of a healthy school environment, which is possible with the coordinated school health project, Healthy Living, Healthy Learning; 4) to participate and lead in opportunities to improve conditions for children and families.

Performance Measure 09: *Percent of third grade children who have received protective sealants on at least one permanent molar tooth.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	50	75	75	75	75
Annual Indicator	71.3	NaN	71.3	71.3	71.3
Numerator	4411	0	4411	4411	4411
Denominator	6187	0	6187	6187	6187
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	75	75	75	75	75

Notes - 2002

Data are not available for 2001 or 2002

Notes - 2003

The Dental program has not done a survey to determine the number of 3rd graders with at least one protective sealant; however, 687 3rd graders received at least one dental sealant from the Medicaid and Marginal Dental programs and 146 received at least one sealant from the MCH sealant program.

Notes - 2004

A baseline survey was conducted in 2000 and showed that 71.3% of WY 3rd graders had protective sealants. The dental program has not had the staffing to conduct another survey since then. However, the following data are available for FY '04:
-The program provided 9,674 sealants for 1,789 children (155 were 3rd graders).
-Medicaid Dental provided sealants for 3,082 children (509 were 3rd graders).
-The program provided dental screening for 2,690 children not covered by Medicaid or SCHIP.
-100 clients accessed dental care through the marginal dental program. This number has decreased as a result of SCHIP taking on more children. This program now sees the more severe cases that have reached their cap with SCHIP.
-Over 1,900 youth in 11 school districts took part in the weekly flouride mouthrinse program, administered by school nurses and volunteers.
-76 youth were seen by two "Severe Crippling Malocclusion" clinics.
-110 children received orthodontic services funded by MCH and 600 were served with Medicaid funds.

-Over 4,400 youth were reached by 48 separate dental education programs.

a. Last Year's Accomplishments

The objective for FY04 was to increase to at least 75 percent the proportion of 3rd graders who have received protective sealants on the occlusal surfaces of permanent molar teeth. Result: Current data unavailable due to lack of human resource capacity. A baseline survey conducted in 2000 revealed that 71.3% of 3rd graders had protective sealants on the occlusal surfaces of permanent molar teeth.

MCH does not have administrative responsibility for the Oral Health Services Unit (OHS). However, MCH collaborates closely with the OHS Unit accomplish:

MCH funds Oral Health to provide dental sealants for children who do not have dental coverage, and office fluoride treatments for low-income children (K-9) not covered by another program.

The OHS Unit conducted dental screening programs in schools and preschools, with parents being informed of any dental care needs and school nurses providing follow-up and provided services for children not covered by Medicaid or KidCare (SCHIP).

State-funded program served low-income children, birth to 19 years, who were not on any other assistance program.

Technical assistance for community leaders on fluoridation issues to promote community water fluoridation, technical assistance and supplies to schools (K-9) with below optimum fluoride levels in the drinking water.

Surgical procedures related to cleft lip/cleft palate repair and orthodontic treatment for children who have a severe crippling malocclusion, which can lead to periodontal problems in children and adolescents. This program is funded by both MCH and Medicaid.

In FY04, 110 children received orthodontic services with MCH funds and 600 children were served with Medicaid funds.

Support Dental Education Programs: MCH continued to support the Oral Health Services Unit which worked with dental hygienists throughout the state to provide nutrition education to youth in pre-school through 12th grade. The sessions focused on improving oral health, including risks associated with tobacco use. Dental Health, with the help of the Oral Health Coalition, using the "Lift the Lip" program videos for oral health education sessions with parents of preschoolers (Head Start Programs, Child Development Centers, and WIC programs).

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Oral Health Services Unit				X
2. CFI				X
3. Support increased use of Medical/Dental Home			X	
4. Maternal Dental Care Services (MDCS) project	X			
5. Translation services			X	
6. MCH capacity grant				X

7.				
8.				
9.				
10.				

b. Current Activities

MCH continues to fund the Oral Health Services Unit to provide of dental sealants for low-income children who do not have dental coverage. The MCH funding level for dental sealants is staying the same for FY05; however, the plan is to promote the placement of dental sealants for children receiving Medicaid Dental benefits and Marginal Dental benefits.

The Oral Health Services Unit is informing parents on the need for dental care; school nurses are providing follow-up; and the Program is reimbursing for some services.

The Dental Program is working with local dental hygienists to conduct a more comprehensive dental screening, data collection, and follow-up for children who are reported to need dental care.

The state funded Marginal Dental Program is continuing to serve low-income children, birth to 19 years, who are not on any other assistance program. At this time, we are looking at enhancements to the Program for FY05.

There is a change in the Severe Crippling Malocclusion Program, as the Children's Health Insurance Program has not funded orthodontic care since October 1, 2003. Therefore, these children have to apply for services under the Severe Crippling Malocclusion Program funded by MCH.

The Dental Program is serving as a resource to the statewide Oral Health Coalition, which is in the formation stage. It consists of knowledgeable people from different walks of life throughout the State, many of whom are not health service or government connected. It is helping deserving people gain better health and dental education and service in hard to reach or non-accessible areas. The Coalition's future looks promising in increasing dental coverage to children and families in need.

The MCH Program has frequent and productive collaboration with the Oral Health Services Unit in support of MCH is implementing a follow-up survey to achieve a longitudinal study of decayed, missing, filled, and sealed teeth.

c. Plan for the Coming Year

MCH will continue to fund the Oral Health Services Unit and provide dental sealants for low-income children who do not have dental coverage. The MCH funding level for dental sealants will stay the same for FY06; however, the plan is to promote the placement of dental sealants for children receiving Medicaid Dental benefits and Marginal Dental benefits.

The Oral Health Services Unit will conduct dental screening and inform parents on the need for dental care; school nurses will provide follow-up; and the Program will reimburse for some services.

The Dental Program will work with local dental hygienists to conduct a more comprehensive dental screening, data collection, and follow-up for children who are reported to need dental care. Dental Health will work with the HRSA State Collaborative Grant to provide technical assistance and supplies to the Community Oral Health Coordinator for Sheridan County. The Dental Health Program plans to expand this project to other counties if FY06.

The state funded Marginal Dental Program will continue to serve low-income children, birth to 19 years, who are not on any other assistance program. At this time, we are looking at enhancements to the Program for FY06.

Children will have to apply for orthodontic services under the Severe Crippling Malocclusion Program funded by MCH.

The Dental Program will serve as a resource to the statewide Oral Health Coalition. It will help deserving people gain better health and dental education and service in hard to reach or non-accessible areas. The Coalition has published oral health education materials that target the preschool population. The Coalition's future looks promising in increasing dental coverage to children and families in need.

The MCH Program will have productive collaboration with the Oral Health Services Unit in support of MCH will implementing a follow-up survey to achieve a longitudinal study of decayed, missing, filled, and sealed teeth.

Performance Measure 10: *The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2000**	**2001**	**2002**	**2003**	**2004**
Annual Performance Objective	10	10	8.9	6	6
Annual Indicator	10.5	9.0	6.6	7.3	
Numerator	33	28	20	22	
Denominator	314692	310304	303337	303337	
Is the Data Provisional or Final?				Final	
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	5.5	5.5	5	5	5

Notes - 2002

Past years were changed to 3 year averages because the numerator was less than 20. 95% Confidence intervals were as follows:
1996-1998 6.5, 13.3
1997-1999 7.3, 14.6
1198-2000 6.9, 14.1
1999-2001 5.7, 12.4
2000-2002 3.7, 9.5

Notes - 2003

Data are provided as 3 year rolling averages due to small numerators.

95% Confidence Intervals are as follows:
1996-1998: 6.5, 13.3
1997-1999: 7.3, 14.6
1998-2000: 6.9, 14.1
1999-2001: 5.7, 12.4
2000-2002: 3.7, 9.5
2001-2003: 4.2, 10.3

Notes - 2004

2004 Vital Records are unavailable until March 2006

a. Last Year's Accomplishments

The CY03 objective was 6 per 100,000. Result: The 2001-2003 rolling average was 7.3 per 100,000. Although not statistically significant, this represents a 30% decline since the rate of 11.0 for the years 1997-1999. Three year rolling averages were used to improve data reliability in measuring this performance measure due to Wyoming's low population.

MCH funded and partnered with United Medical Center in Help me grow-Safe Kids (HMGSK), a public private partnership dedicated to reducing preventable illness and injury in Wyoming's children and youth at the population level. HMGSK, a National Safe Kids coalition, consisted of 8 chapters statewide and had a toll-free information and referral line with options to multiple private public safety-related partners. HMGSK was instrumental in the development and passage of an amendment to the child restraint law, increasing the age of children in car passenger safety seats from age 4 to age 8 and the requirement of nationally approved and appropriate safety seats.

MCH was a funding partner, with DFS and DOE to pilot coordinated school health sites across the state through a competitive application process. Six sites were awarded grants to meet the requirements of the grant application. All have showed progress beyond the initial hope of the funding committee, and were recommended for further funding.

The Child and Adolescent Health Services Manager was the Project Manager for the Wyoming Youth Development Collaborative (WYDC), an interagency collaborative committed to improving conditions in Wyoming for children, youth and families; therefore addressing all youth risk factors. Actions included: 1) identification of several state-level barriers to providing seamless, integrated services; 2) identification of 25+ youth serving boards and councils without a comprehensive state plan to meet the developmental needs of our youth; 3) education of partners/stake holders on utilizing results-based strategic planning and project management. MCH also received a State Early Childhood Comprehensive Systems (ECCS) Planning Grant and conducted an environmental survey, in collaboration with multiple private/public organizations.

The Governor's Impaired Driving Council was created and as a policy recommending, public-private council, addressed several issues related to impaired driving. MCH staff was appointed to this council, which planned a Governor's Impaired Driving Conference held in April 2004 to educate attendees of the impact of impaired driving and strategies to reduce injuries and fatalities to children.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB

1. Safe Kids of Wyoming (SKW)				X
2. CSHP			X	
3. Car seat safety			X	
4. CFI				X
5. Governor’s Council on Impaired Driving				X
6. Summer Institute			X	
7. Translation services				X
8. MCH capacity grants			X	
9.				
10.				

b. Current Activities

In October of 2004, MCH and partners determined the need to change the name and mission of Help me grow-Safe Kids (HMGSK) to Safe Kids of Wyoming (SKW) to concentrate solely on child and adolescent injury prevention. This resulted in a change in partners and a more directed effort toward injury prevention, the leading cause of death in children and youth in Wyoming. Training of SKW Chapter coordinators was held in fall 2004 on chapter building, use of the media, and results-based planning. MCH is working closely with other agencies/sections to consolidate childhood injury data, which will direct prevention efforts and assist SKW to bring in more funding partners.

MCH is a funding partner, with DFS and DOE, to pilot coordinated school health sites across the state through a competitive application process. Six sites have been awarded grants to meet the requirements of the grant application. All show progress beyond the initial hope of the funding committee, and are recommended for further funding.

During MCH visits to tertiary care centers in surrounding states (see NPM # 17), the difficulty of obtaining premature infant car seats in Wyoming was identified as a need. MCH provided premature infant car seats to tertiary care centers to assure safe transportation of Wyoming premature infants discharged home. Additional funding has been secured to continue this effort.

The Children and Family Initiative is a multi-disciplinary effort consisting of the agency directors of all state agencies as well as many non-profit and public businesses. All members of this initiative have committed time and resources to the project. MCH was actively involved in the planning and implementation phase of the Comprehensive Study of Children and in Fall 04. The results of this needs assessment have been the catalyst for the working efforts of CFI. The study identified issues and barriers facing many Wyoming children and families, including economic hardships, transportation and access to healthcare. The results of this effort have been recently published, entitled "Wyoming Family Photo". Result 4 of this document relates to all of our NPM and SPM, "Children [will be] born healthy and achieving their highest potential in early development years."

The Governor's Impaired Driving Council pursued legislation in FY05 to change the open container law, however, it did not pass. MCH representation continues on this council through the recent appointment of the MCH Program Manager to the council.

MCH also supports the DOE with resources for the Summer Institute, where educators, nurses, PHNs, other school staff, community youth service providers, etc., are invited to enhance their skills with updated health information. MCH contributed funding to the effort of securing nationally known speakers, with topics including infrastructure building, coalition maintenance, needs assessments and evaluation, as well as others.

c. Plan for the Coming Year

MCH will continue with building infrastructure to reduce preventable injuries in children and adolescents with organization of the multiple injury surveillance systems and building support for injury prevention across state agencies and other public entities. Safe Kids of Wyoming will continue to work toward reducing child and adolescent preventable injuries through more targeted efforts of Safe Kids Chapters.

Continued collaboration with the Wyoming Department of Education (DOE) will ensure the future success of needs assessments/survey efforts such as the Youth Risk Behavior Survey (YRBS) as well as assessment of ongoing Coordinated School Health Pilot Project sites. Initial discussion has also taken place to initiate a suicide prevention/mental health provision to school aged students. This discussion has included other agencies or service providers along with DOE.

Collaboration is underway with Department of Transportation (DOT) for provision of premature car seats with secured funding for Wyoming premature infants being discharged from tertiary care centers. Additionally, PHN staff will be encouraged to attend certification classes for car seat inspectors provided by DOT.

MCH will continue to be an active participant in the Governor's CFI. The CFI will address the state and local-level barriers to providing seamless and integrated services to youth and families in communities, as well as other issues identified by the Comprehensive Study of Children and Families and the ongoing ECCS Grant efforts.

MCH will continue to seek opportunities to influence youth in making healthy choices, influence policy to change the environment for families and youth, and build infrastructure to support the needed changes.

MCH will continue providing capacity grants (pass-through funding) to county PHN offices to assist communities in development, delivery and quality evaluation of MCH services. PHN service delivery plans include child and youth safety and health emphasis.

Performance Measure 11: *Percentage of mothers who breastfeed their infants at hospital discharge.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	80	80	85	90	90
Annual Indicator	84.0	81.3	82.2	79.5	
Numerator	5253	4973	5384	5327	
Denominator	6254	6117	6550	6700	
Is the Data Provisional or				Final	

Final?					
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	90	90	90	90	90

Notes - 2003

Data are from the Ross Mother's Survey. Numerator is estimated using survey percentage and total number of births.

Notes - 2004

2004 Data are not yet available.

a. Last Year's Accomplishments

The CY03 objective was 90%. Result: The CY03 rate was 79.5%. This does not represent a significant change since the high of 84% in 2000.

MCH offered the availability of outreach education, care coordination, and prenatal classes including breastfeeding support and breastfeeding-specific classes through local PHN offices. Perinatal support services, including the NFP home visitation model, offered breastfeeding support to encourage initiation and continuation of breastfeeding.

Dr. Mary Ann Niefert ("Dr. Mom") who presented at the AWHONN conference in April 2004 granted MCH permission to copy and distribute to PHN staff the Breastfeeding Promotion Guide.

Breast pump rental was provided through PHN offices and WIC offices statewide. Most PHN offices also had baby scales available for client use, to evaluate breastfeeding efficiency.

WIC ran continuous tapes on breastfeeding initiation and retention in office waiting rooms throughout the state.

MCH staff actively participated as an active member of the planning committee for the 26th Annual Perinatal Update Conference held in Laramie, WY, in October 2003. PHN and clinical staff from throughout Wyoming attended for updates in best practice for the perinatal population, including breastfeeding.

MCH collaborated with Healthy Mothers Healthy Baby (HMHB) coalition, and their multiple partners, to promote breastfeeding initiation as well as continuation into early childhood.

HS funding provided specific perinatal and breastfeeding services on the Wind River Reservation to the Native American population.

MCH made preliminary contacts with the Healthy Children Project (HCP) to provide CLC training available to PHN staff in 2005.

In collaboration with the Colorado PRAMS, CPHE is contracted with MCH to provide administration of a Wyoming survey using the same methodology as the CDC PRAMS project, the Maternal Outcomes Monitoring System (MOMS). Survey content includes barriers to breastfeeding, as well as provision of information on initiation and continuation of breastfeeding, for use in driving future policy and program planning.

Translation services were made available provided for prenatal and breastfeeding classes, as well as for educational resources, as requested. Additionally, Spanish perinatal forms assured

that minority populations r
eceived the same consistent information and services as those who are English speaking.

MCH provided capacity grants to county PHN offices (pass-through funding) to assist communities in development, delivery and quality evaluation of MCH services. PHN Service Delivery Plans included and encouraged PHN staff to obtain training and certification to enhance breastfeeding support in communities.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Breastfeeding education and support			X	
2. Perinatal outreach and education				X
3. Promote Native American Health Promote Native American Health				X
4. Provide Certified Lactation Counseling (CLC) training				X
5. Breastfeeding Support in the Workplace (BSW)			X	
6. Maternal Outcome Monitoring System (MOMS) project				X
7. Translation services				X
8. MCH Capacity Grants				X
9.				
10.				

b. Current Activities

MCH provides outreach education care coordination and prenatal classes, including breastfeeding support, and breastfeeding specific classes through local PHN offices.

Breast pump rental was provided through PHN offices and WIC offices statewide. Most PHN offices also had baby scales available for client use, to evaluate breastfeeding efficiency.

MCH collaborates with WIC to update and run videotapes continuously in all WIC offices in promotion and support of breastfeeding.

The 27th Perinatal Update, in collaboration with The Children's Hospital (Denver, Colorado), Poudre Valley Hospital (Ft. Collins, CO), Ivinson Memorial Hospital and UW School of Nursing (Laramie, WY), was held in October 2004. PHN and clinical nurses throughout Wyoming and Colorado attended this annual update on perinatal best practices, including breastfeeding.

HMHB promotes healthy pregnancy and infancy issues, in keeping with MCH priorities. MCH therefore actively participates in the coalition.

The annual Association of Women's Health and Obstetrical and Neonatal Nurses (AWHONN) conference, April 2005 provided updates on the newest breastfeeding strategies, as well as high-risk pregnancy and post-partum issues. MCH actively participates in the conference planning to assure training appropriate for PHN staff is included in the conference agenda each year.

MCH contracted with The Healthy Children Project to provide basic CLC training in Cheyenne April 4-8, 2005. Approximately 25 WY PHN attended to become certified, with approximately 25 other staff attending (WIC and clinical staff from Wyoming, Colorado, and Nebraska).

MCH was approved to pilot a BSW project within MCH to encourage breastfeeding initiation and continuance in MCH employees. The hope is that MCH (WDH) can be an example to be followed in WY to encourage breastfeeding at the workplace for the first 6 months of life.

MOMS project continued, contracted with CPHE, to gather information on behavior related to breastfeeding.

Translation services were made available for prenatal and breastfeeding classes, as well as for educational resources, as requested. Additionally, Spanish perinatal forms assured that minority populations received the same consistent information and services as those who are English speaking.

MCH provides capacity grants to county PHN offices (pass-through funding) to assist communities in development, delivery and quality evaluation of MCH services. PHN Service Delivery Plans include and encourage PHN staff to obtain training and certification to enhance breastfeeding support in communities.

c. Plan for the Coming Year

MCH will continue to offer the availability of outreach education, care coordination, and prenatal classes offering breastfeeding support and breastfeeding specific classes through local PHN offices. Perinatal support services, including the NFP home visitation model, will offer breastfeeding support to encourage initiation and continuation of breastfeeding. Breast pumps will continue to be made available for rental through PHN offices to supplement breast pump rental through WIC offices throughout the state. Baby scales will continue to be available for nurses to use in assuring breastfeeding mothers of breastfeeding success.

The annual MCH/PHN meeting is scheduled for August 2005 and will include a session on EBP related to Breastfeeding Support, presented by one of the nurses who became a CLC in April 2005.

Collaboration with WIC will continue to ensure updates in EBP are reflected in the continuously running videotapes in WIC waiting rooms. MCH staff will continue to actively participate in several planning committees to assure EBP education is available to WY PHN staff, including the 28th Perinatal Update, HMHB and AWHONN.

Another basic CLC training is scheduled in WY for March 2006 for the PHN staff unable to attend the first session, with advanced CLC training scheduled in April 2007.

The MCH BSW project is scheduled to continue for 2 years. Several other entities (both public and private) have requested the project plan to review for use within their work environment.

MOMS will continue to be administered by contract through Colorado PHE in 2006. Even though the MOMS survey closely resembles the CDC PRAMS, we are unable to compare with other states. In August 2005, a pre-application meeting will be held in Atlanta for CDC PRAMS funding to be available in FY06.

Translation services were made available provided for prenatal and breastfeeding classes, as well as for educational resources, as requested. Additionally, Spanish perinatal forms assured that minority populations received the same consistent information and services as those who are English speaking.

Capacity grants to PHN offices will provide (pass-through) funding for enhancement and sustaining delivery of MCH services, including promotion of early, consistent and adequate

prenatal care. Performance indicators will continue to be developed to transition the capacity grant process into a performance-based system of funding.

BB Supplemental Funding, provided by MCH capacity grants, will be available in county offices for limited financial assistance for women who have other sources of reimbursement.

IHS will provide funding to enhance services delivery to the Wind River Reservation population.

Performance Measure 12: *Percentage of newborns who have been screened for hearing before hospital discharge.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	97	97	98	98	99
Annual Indicator	96.6	97.7	98.4	98.3	98.1
Numerator	4983	5565	5910	5671	6206
Denominator	5159	5694	6006	5767	6326
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	99	99	99	99	99

Notes - 2002

Previous data have been updated to reflect final resident births for each year.

Notes - 2003

Data are from the WY Newborn Hearing Program and are for the calendar year.

a. Last Year's Accomplishments

The FY04 objective was 99.0%. Results: The FY04 rate was 98.1%. This represents a significant increase since 1998; however, since then, there has been no significant change.

MCH staff assisted with the application process for another MCHB grant for the newborn hearing and subsequently participated in setting up a state hearing program. The program had provision for professionals and families regarding newborn hearing and also began preliminary planning to establish an infrastructure to address newborn hearing screening.

Efforts to obtain a birth defects registry grant failed. Our grant application had improved but the funding was limited and we were not awarded funding. Other options will be considered (see SPM#10).

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Hearing screening and follow-up	X			
2. Vital Records				X
3. Birth Defects Registry late onset hearing loss				X
4. Referral system for genetic counseling				X
5. CFI /ECCS				X
6. Maternal High Risk Program (MHR)	X			
7. Support data systems				X
8. Translation services		X		
9. MCH capacity grant				X
10.				

b. Current Activities

Vital Records provided monthly birth records to match with screening results. Birth information began to be available in June 2005. Follow up for infants who are cared for at a tertiary facility out of state has been developed as one coordinated effort by both the Newborn Hearing and Metabolic programs. A letter will go to the out-of-state hospitals requesting the individual screening results for both hearing and metabolic screening. CSH staff received a list of diseases that may have a hearing loss and all children with those diagnoses are to be referred for a hearing evaluation. A child who has a hearing loss will be referred for genetic counseling.

A protocol for late onset hearing loss which is being developed follows the infant from the day of dismissal from the newborn nursery up to age 3. All infants diagnosed with certain inherited diseases are referred to the regional Developmental Centers for hearing screens.

Vital Records staff helped formulate a plan to contact all neighboring state's Vital Records departments to obtain Wyoming resident birth records to follow up on these infants. A memorandum of understanding is being developed to assure neighboring states that provide tertiary care to WY infants will provide WY resident birth records to allow for screening follow up.

The Children and Family Initiative supports newborn hearing by measuring how the state screens children for disabilities. The ECCS grant looks specifically at newborn hearing screening. Future plans will address how to promote the best outcomes for these measures and which partners would assist in reaching families.

The electronic system for hearing continues to be developed. MCH has been included in development of the system and in discussions with consultants.

Limited financial assistance is available for families who require genetic testing through MHR.

MCH will provide translation services for eligible families to promote their understanding of this screening.

Through the MCH capacity grants, PHNs continue to follow up on any newborns who need additional screen and that cannot be found by any other means.

c. Plan for the Coming Year

Vital Records will provide monthly birth records to match births to screening results. Birth information began to be available in June 2005. Follow up for infants who are cared for at a tertiary facility out of state has been developed as one coordinated effort by both the Newborn Hearing and Metabolic programs. Letters are being drafted to the tertiary care centers where Wyoming infants are provided care to inform them we will be sending letter requesting screening results to hopefully circumvent any HIPAA issues. All infants diagnosed with certain inherited diseases will be referred to the regional Developmental Centers for hearing screens. A child who has a hearing loss will be referred for genetic counseling. CSH staff received a list of diseases that may have a hearing loss and all children with those diagnoses are to be referred for a hearing evaluation. A child who has a hearing loss will be referred for genetic counseling.

A protocol for late onset hearing loss is being developed, and follows the infant from the day of dismissal from the newborn nursery up to age 3. All infants diagnosed with certain inherited diseases are referred to the regional Developmental Centers for hearing screens.

Vital Records staff helped formulate a plan to contact all neighboring state's Vital Records departments to obtain Wyoming resident birth records to follow up on these infants. A memorandum of understanding is being developed to assure neighboring states that provide tertiary care to WY infants will provide WY resident birth records to allow for screening follow up.

A letter will go to the out of state hospitals requesting the individual screening results for both hearing and metabolic screening. A list of diseases that may have a hearing loss and all children with those diagnoses are to be referred for a hearing evaluation. This list will be given to all primary care providers.

Limited financial assistance will be available for families who require genetic testing through MHR.

Performance Measure 13: *Percent of children without health insurance.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2000**	**2001**	**2002**	**2003**	**2004**
Annual Performance Objective	13	11	6	10	10
Annual Indicator	13.1	11.7	14.2	12.6	
Numerator	16000	14000	17373	15255	
Denominator	122137	119658	122344	121073	
Is the Data Provisional or Final?				Final	
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance	9	9	8	8	8

Objective					

Notes - 2002

From US Census, table HI-5.

Notes - 2003

Data are from the US Census Table HI05. Numerator is estimated using the percentage reported by the census and the denominator is based on the projection for Jul 2003.

Notes - 2004

Census data for 2004 not yet available

a. Last Year's Accomplishments

The objective for CY03 was 10%. Result: The CY03 rate was 12.6%, which is a significant decrease from 2002.

PHN offices had SCHIP applications available for any clients, and attempt contact with the family to apply or re-apply for services.

Through the Covering Kids program, the application for SCHIP or DFS was shared between these programs, which has saved families from completing two different applications.

MCH staff participate in orientation sessions for DFS and also present PHN video orientation sessions to inform professionals about the services available and how to access those services.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Medicaid/SCHIP Application			X	
2. CFI				X
3. ECCS				X
4. Covering Kids Committee				X
5. State Insurance Plan			X	
6. Education of providers		X		
7. Translation services		X		
8. MCH capacity grant				X
9.				
10.				

b. Current Activities

As stated in previous Performance Measures, policy was revised as a result of a budget cut. The change in policy was implemented September 1, 2004 and requires families who may be eligible for Medicaid or SCHIP to apply for services before eligibility could be determined for MCH programs.

MCH will continue to require families who may be eligible for other public service to apply for those services. SCHIP will increase the financial eligibility level to 200% of FPL on July 1, 2005. With the changes in MCH eligibility, most families will qualify for these programs, the only exception will be families at 133% of FPL and above who have insurance. Some families with children with special health care needs may have insurances that do not cover the child's

condition as it is considered pre-existing.

PHN offices have SCHIP applications available for any clients, and attempt contact with the family to apply or re-apply for services.

The Children and Family Initiative and ECCS addressed why all families do not have insurance. With rising health care costs, some small businesses are finding it difficult to afford healthcare coverage for their employees. If the employer does not contribute to the plan, many employees are not likely to obtain outside coverage. This is significant because a large portion of Wyoming's economy is based on small business.

Efforts of the Covering Kids Committee to simplify the application process for programs serving the MCH population, as well as increased marketing efforts of SCHIP have increased enrollment. However, Medicaid enrollment has not improved significantly.

Orientation programs will continue and MCH will participate in orientation sessions with other programs to promote participation in MCH programs.

The need for families whose primary language is not English to understand how to apply for these services is important as some non-citizens are reluctant to apply for any federal programs for fear of being deported, even though their children may qualify for services. PHN are aware of the community resources and how to apply for these services. They are a major referral source to these programs and assist the families in completing applications. Efforts continue to keep the PHNs up to date on any changes in either Medicaid or SCHIP in several ways, by way of individual contact, letters, orientation sessions and regional meetings.

A state insurance plan is available for families as a last resort, as it has very high premiums. However, it is an option for families who do not have any other sources of insurance and need the coverage.

c. Plan for the Coming Year

MCH staff will continue to serve on the State Child Health Insurance Program Steering Committee to address re-enrollment efforts.

MCH staff will continue to participate on the Children and Family Initiative and ECCS.

MCH staff will continue to educate professionals about the programs and their eligibility requirements.

Performance Measure 14: *Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	90	90	90	90	90

Annual Indicator	77.2	87.2	80.4	88.1	84.7
Numerator	28261	28662	34005	43274	45128
Denominator	36600	32861	42315	49102	53254
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	90	90	90	90	90

Notes - 2003

Data are provided by the WY Office of Medicaid.

a. Last Year's Accomplishments

The objective for FY04 was 90%. Result: They FY03 rate was 84.7%. While this represents a significant increase since FY 02, it also represents a significant decrease since FY 03.

Policy changes went into effect on September 1, 2004 to require families apply for Medicaid/SCHIP if they are eligible, prior to be eligible for MCH services.

MCH continues to collaborate with Medicaid on policies that involve the MCH population. Travel policy and barriers experienced by clients were presented and Medicaid amended their policies and procedures as a result. MCH staff serves on the Medicaid EPSDT committee addressing how to promote EPSDT's and make families aware of what components a full screen contains.

The System of Care Committee, which includes representatives from MCH and Medicaid, as well as other programs, has worked to prepare an application for Children's Mental Health Waiver, which would address the severe mental health problems occurring in the children and youth population. The process to simplify the application process was successful with DFS and KidCare CHIP sharing common demographics and the marketing of KidCare CHIP has maintained the increased enrollment in Medicaid programs.

Education of PHN staff regarding SSDI had a set-back when the CSH nurse coordinator position was vacant for several months. Records Analysts encouraged PHN staff to have families apply for services as soon as possible and help identify conditions that they may qualify for. They also worked with all MCH programs that provide direct services and alert PHN staff to have families apply for services.

Medicaid has changed their travel policies regarding emergency travel, which allows families to have access to the travel funds prior to keeping an appointment. This has proved to be a hardship for many families.

PHNs educate families about services provided by that program, i.e. transportation, EPSDT.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	**ES**	**PBS**	**IB**
1. Medicaid/APS				**X**

2. SCHIP				X
3. Education of providers			X	
4. Referrals to Medicaid/SCHIP	X			
5. Simplification of application process				X
6. Support data systems				X
7. Travel/transportation		X		
8. MCH Capacity Grants	X			
9.				
10.				

b. Current Activities

MCH continues to mandate all families who may be eligible for Medicaid or SCHIP apply for those services prior to eligibility being determined for MCH services. The application for SCHIP services continues to find clients who are eligible for Medicaid services and refers them to that program.

MCH continues to keep current the MOU with Medicaid for processing claims through the Medicaid fiscal intermediary agent. As MCH staff work individual cases and find barriers to families accessing care, the issues are addressed. Through the care coordination process, families are made aware of their eligibility for travel assistance.

Current efforts on simplification of the application process are focusing on decreasing time between notification of the family and the local DFS office of SSI and Medicaid eligibility. Of the few clients we have had, the waiting period between family notification and DFS notification can be 2-3 months. We are asking the families to take their SSI eligibility letter directly to their DFS office to facilitate the process.

The SSDI system is a complex and difficult system, and information is not easily obtained by families. Therefore, helpful information to navigate the system is passed on to PHN staff as it becomes available and is addressed in the orientation process. Recently, one of our MCH staff took a position with Social Security Eligibility and will assist MCH in understanding this program.

The public health nurses are very important in "spreading the word" about Medicaid and the services it provides. Training of this staff is ongoing and will continue to be a part of the PHN orientation process.

c. Plan for the Coming Year

MCH will continue to keep the MOU current with Medicaid.

MCH staff will continue to discuss with APS, taking on case management of the CSH clients.

MCH will continue to move toward a data system that will track dual eligible clients as to the services they receive or need.

MCH will continue to advocate for family friendly policies as we find gaps in the infrastructure, such as emergency travel.

Performance Measure 15: *The percent of very low birth weight infants among all live births.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	1	1	0.9	0.9	0.9
Annual Indicator	1.0	1.2	1.0	1.1	
Numerator	64	74	67	77	
Denominator	6254	6110	6550	6700	
Is the Data Provisional or Final?				Final	
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	0.9	0.8	0.8	0.7	0.7

Notes - 2004

Vital Records for 2004 will be available in March 2006

a. Last Year's Accomplishments

The CY03 objective was 0.9%. Result: The CY03 rate was 1.1%. There has been no significant change since 1999.

Care coordination services through BB and NFP home visiting model were offered to pregnant women and families as a best practice strategy, and provided the opportunity to identify high-risk pregnancies in a timely fashion and to impact VLBW and LBW births in Wyoming.

MCH collaborated with Medicaid and DFS to provide monthly reports of Wyoming women who are determined to be eligible for the Medicaid Pregnant Women Program (PWP), in addition to ICR reports of pregnant women and infants who have been hospitalized.

MCH provided limited financial support and assisted in planning the AWHONN, HMHB, and the 26th Annual Perinatal Update Conference on best practices in perinatal nursing. The conference included training on risk factors for pre-term labor, with approximately 25 Wyoming PHN attending.

Discussions were held with MHD, AG and PHN regarding trainings offered to integrate maternal mental health screening and referral into perinatal services offered through PHN offices.

MCH contracted with Wyoming Health Council (WHC) to provide access family planning, encouraging pregnancy planning and providing pre-conception care and referral. The Migrant Health Program is funded by MCH to provide the counties with high migrant worker populations the necessary clinics to promote healthy pregnancy.

A LBW study was conducted in MCH which demonstrated the greatest single risk factor for preterm delivery in Wyoming is inadequate weight gain during pregnancy. As a result of the same risk factor, CPHE developed the HBWW project, which Wyoming is adapting.

MCH was an active participant in the SRCC to assure support was available for both men and women to increase pregnancy intention.

MOMS project continued with CPHE, to gather information on risk behaviors of pregnant women related to pre-term labor and LBW deliveries for policy and program development.

The MCH-funded MDCS pilot project was discontinued in March 2004, as a result of expending all funding allocated to the 2-year project, 6 months earlier than anticipated, due to the overwhelming need for dental services. The preliminary finding of the project indicated an unexpectedly high level of need for dental care in all populations, not only in pregnant women.

Translation services were offered through PHN offices throughout the state to assure minority populations receive the same consistent information and services.

MCH provided capacity grants to county PHN offices (pass-through funding) to assist communities in development, delivery and quality evaluation of MCH services. PHN Service Delivery Plans included community support and education related to healthy lifestyle promotion and the recognition of risk factors for LBW/pre-term delivery.

BB Supplemental Funding, through capacity grants, continued to be available for prenatal care reimbursement for pregnant women who are found no

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Perinatal referral and support				X
2. Perinatal outreach and education				X
3. Funding for reproductive health services				
4. LBW study/Healthy Baby is Worth the Weight (HBWW) project			X	
5. SRRC			X	
6. MOMS/MDCS projects			X	
7. Inpatient Census Record (ICR)/Healthy Additions tool/DFS Pregnant Women Program reports/APS survey				X
8. Rocky Mountain Public Health Consortium				X
9. Translation services		X		
10. MCH capacity grant				X

b. Current Activities

Care coordination and NFP home visiting model continues to be offered to pregnant women and families as a best practice strategy, and provides the opportunity to identify high-risk pregnancies in a timely fashion and to impact VLBW and LBW births in Wyoming.

MCH supported the MOD Prematurity Campaign in planning and addressing infant prematurity in Wyoming.

MCH collaborates with Medicaid and DFS to provide a listing of women found to be eligible for the Medicaid PWP on a weekly basis, to assure timely followup to offer BB services.

MCH continues to actively participate on the Perinatal Update, AWHONN, and HMHB

committees, to plan conferences in Wyoming for PHN staff on evidence-based practices to address healthy pregnancy outcomes. The Perinatal Update in October 2004 included training in trans cultural perspectives in childbearing, maternal transport issues, tertiary care intrauterine resuscitation and prenatal and first trimester screening, and newborn cardiac assessment. Approximately 25 PHN staff attended and the majority of evaluations rated.

Subsequently, a result of the maternal transport presentation, a project entitled "What to Plan for When You are Expecting" was developed for pregnant women requiring tertiary care.

A perinatal consultant has been hired and has begun the process of researching standards for Child Birth Education (CBE) to assure all prenatal classes provided through PHN offices are presenting the most current EBP related to risk factors for preterm labor and support of healthy lifestyle for healthy, term delivery.

MCH contracts with WHC, providing access to reproductive health services, a primary vehicle for encouraging pregnancy planning and providing pre conception care and referral. Title V funds supplement Title X funds in reproductive health service provision throughout the state, including teen pregnancy prevention, STD screening and education, and a Fatherhood Initiative that emphasizes male involvement in family planning decisions.

The MCH Epidemiologist is planning a follow up study to her research project of FY04 in which she demonstrated the greatest risk factor for pre-term/LBW delivery in Wyoming is inadequate weight gain during pregnancy.

The Perinatal Consultant will implement the HBWW project throughout the state targeting providers in the first phase of the project.

The SRRC meets regularly to discuss issues related to intentional pregnancy and healthy pregnancy outcome.

MOMS project continues with CPHE, to gather information on risk behaviors of pregnant women related to accessing prenatal care, pre-term labor and LBW deliveries. The MOMS project uses the same methodology as the CDC framework, and over-samples Native Americans and low birth weight deliveries.

Translation services are available throughout the state to assure minority populations receive the same consistent information and services.

c. Plan for the Coming Year

Care coordination and NFP home visiting model will be offered to pregnant women and families as a best practice strategy, to assist in identification of high-risk pregnancies to impact VLBW and LBW.

Collaboration will continue with IHS to support NFP availability on the Wind River Reservation.

The 28th Annual Perinatal Update conference will be held in Laramie, Wyoming September 30, 2005. Topics will include HBWW project and the effects of methamphetanine use in pregnancy.

Additionally, HMHB is going through transition and it is not clear what direction the coalition will be going, so MCH will keep informed as a committee member to assure MCH goals are to remain the goals of the HMHB coalition.

MCH will continue to support the MOD Prematurity Campaign, and will chair the Regional Program service committee, as well as the National Rural Health sub-committee. The Rural

Health priority is to develop a white paper/call to action on health issues and interaction measures effecting rural pregnant woman.

MCH will continue to contract with WHC to provide access to reproductive health services, a primary vehicle for encouraging pregnancy planning and providing preconception care and referral.

The Perinatal Consultant will strive toward statewide implementation of HBWW project targeting providers in the first phase of the project, to assure appropriate weight gain in pregnancy to support term delivery.

Opportunities will be explored for Child Birth Education (CBE) certification to offer the PHN staff and others who teach prenatal classes in Wyoming.

MCH will continue to actively participate on the SRRC to address pregnancy intention and healthy pregnancy outcome.

MOMS will continue to provide data as to risky behaviors pregnancy women engage in during pregnancy. MCH will apply for PRAMS funding that will be available in FY06.

Referrals will continue to be provided by APS (HA tool) and DFS (PWP report) to ensure pregnant women are offered support through BB as early as possible in pregnancy.

Translation services continue to be available throughout the state to assure minority populations receive the same consistent information and services.

Capacity grants to PHN offices will provide (pass-through) funding for enhancement and sustaining delivery of MCH services, including promotion of early, consistent and adequate prenatal care. Performance indicators will continue to be developed to transition the capacity grant process into a performance-based system of funding.

BB Supplemental Funding, provided by MCH capacity grants, will be available in county offices for limited financial assistance for women who have other sources of reimbursement.

IHS will provide funding to enhance services delivery to the Wind River Reservation population.

Performance Measure 16: *The rate (per 100,000) of suicide deaths among youths aged 15 through 19.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	11	11	20	13.5	13.5
Annual Indicator	18.9	20.5	13.5	18.6	
Numerator	24	26	17	23	
Denominator	127285	126766	125595	123879	

Is the Data Provisional or Final?				Final	
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	13.5	13.2	13.2	13.2	13.2

Notes - 2002

Data from previous years has been changed to reflect 3 year averages since the numerators were less than 20.
95% Confidence Intervals are as follows:
1996-1998 10.7, 25.4
1997-1999 12.5, 28.1
1998-2000 11.3, 26.4
1999-2001 12.6, 28.4
2000-2002 7.1, 20.0

Notes - 2003

Due to numerators less than 20, data are reported as 3 year rolling averages.

95% Confidence Intervals are as follows:

1996-1998 10.7, 25.4
1997-1999 12.5, 28.1
1998-2000 11.3, 26.4
1999-2001 12.6, 28.4
2000-2002 7.1, 20.0
2001-2003 11.0, 26.2

Notes - 2004

2004 Vital Records data will not be available until March 2006.

a. Last Year's Accomplishments

The objective for CY03 was 13.5 per 100,000. Result: the three-year rolling average for 2001-2003 was 18.6 per 100,000. Rolling averages were used to improve data reliability in measuring this performance measure due to Wyoming's low population. There have been no significant changes in trend since 1996-1998.

In addition, MCH was a funding partner, as were DFS and DOE to pilot the Coordinated School Health Program (CSHP) sites across the state through a competitive application process. Six pilot sites were identified and are in the process of meeting the requirements of the grant. Addressing the mental health of students and staff is important in the CSH project sites.

The Child and Adolescent Health Services Manager was the Project Manager for the Wyoming Youth Development Collaborative (WYDC), an interagency collaborative committed to improving conditions in Wyoming for children, youth and families; therefore addressing all youth risk factors. Actions conducted in 2003 include: 1) identification of several state-level barriers to providing seamless, integrated services; 2) identification of 25+ youth serving boards and councils without a comprehensive state plan to meet the developmental needs of our youth; 3) education of partners/stake holders on utilizing results-based strategic planning and project management. MCH also received a State Early Childhood Comprehensive Systems Planning Grant and conducted the environmental survey, in collaboration with multiple private/public organizations.

The Wyoming Suicide Prevention Task Force, initiated by MCH in 1997, is a public/private

partnership to identification and early suicide intervention, as well as primary prevention of suicide across the age spectrum. MCH was represented on the planning committee for the regional suicide conference held in the fall. The conference targeted: 1) policymakers, to develop or enhance current state efforts and to learn about suicide prevention programs and efforts; 2) survivors, to share their experiences, and; 3) mental health professionals. The Wyoming state task force developed a strategic plan for the upcoming year, focusing on results-based activities. Eight suicide prevention coalitions were funded for an additional year to develop community awareness and support for suicide prevention.

In 2003, MCH provided $10,000.00 to the Wyoming Department of Education to conduct the 2003 Youth Risk Behavior Survey. The YRBS is a data collection tool executed every two years by the Wyoming Department of Education to provide state-level data on priority health risk behaviors relating to intentional and unintentional injury and violence; tobacco use; alcohol and other drug use; teen pregnancy; unhealthy dietary behaviors and physical activity.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. CSHP			X	
2. Wyoming Suicide Prevention Task Force				X
3. Youth Risk Behavioral Survey (YRBS)				
4. Summer Institute			X	
5. CFI				X
6. Systems of Care Committee				X
7. Translation services		X		
8. MCH Capacity grants				X
9.				
10.				

b. Current Activities

The WYDC has been reinstituted with the establishment of a Sponsorship Committee, consisting of the agency deputy directors who have committed time and resources. Staff of the 25+ youth serving boards and councils are being surveyed to determine their focus as it relates to youth, funding sources, mandates, etc. From this survey, a final report will be presented to the Governor to assist in planning with the state's direction toward youth development agenda. MCH is also actively involved with the planning and implementation phase of the Comprehensive Study of Children and Families mandated by legislation this last fall and supported by the Wyoming Early Childhood Comprehensive Systems Grant. The purpose of this study is to identify issues and barriers facing many Wyoming children and families, to include economic, transportation, and access to healthcare. From this study, a comprehensive plan will be developed.

MCH continues to participate on the Suicide Prevention Task Force, encouraging results-based accountability at the state and local levels, as well as providing support and technical assistance as necessary.

MCH also assisted in the successful completion of the 2005 Youth Risk Behavior survey. This survey, which was administered this spring, will assist both agencies in the direction of the program focus for the future.

MCH is supporting the DOE with resources for the Summer Institute, where educators, nurses, PHNs, other school staff, community youth service providers, etc. are invited to enhance their skills with updated health information. MCH will sponsor a pre-session at the Summer Institute on "Youth Matters" curriculum, which is science-based and teaches students how to deal with important issues affecting their health and safety and making healthy decisions.

c. Plan for the Coming Year

It is anticipated that a comprehensive injury prevention program will be developed, where citizens and legislators will increase their understanding of suicide and its social and economical impact and the need for policy and funding. Mental health will continue to be a focus of the coordinated school health project, Health Living, Healthy Learning.

It is believed that Wyoming will apply for a Medicaid waiver to improve opportunities for children and adolescents to receive treatment and build mental health provider capacity. In addition, it is anticipated that the mental health system of care for Wyoming children and adolescents will include maternal mental health.

MCH will continue to influence the state suicide task force in utilizing results-based accountability and building infrastructure through the development of local grassroots efforts.

MCH participates on a state-wide Systems of Care Committee, comprised of several state agencies concerned about the welfare of children and adolescents. A multi year grant application was recently submitted to the Centers for Disease Control to address the need for mental health services in Wyoming for children and adolescent populations.

MCH will continue to leverage funding to support the YRBS as it is a valuable tool for planning and program implementation.

MCH will continue providing capacity grants (pass-through funding) to county PHN offices to assist communities in development, delivery and quality evaluation of MCH services. PHN service delivery plans include child and youth safety and health emphasis. MCH will continue to seek opportunities to influence youth in making healthy choices, influence policy to change the environment for families and youth, and build infrastructure to support the needed changes.

Performance Measure 17: *Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	79	79	79	79	79
Annual Indicator	51.6	64.9	97.9	70.1	
Numerator	33	48	46	54	
Denominator	64	74	47	77	

Is the Data Provisional or Final?				Final	
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	79	80	80	85	85

Notes - 2004

2004 Vital Records data are not yet available.

a. Last Year's Accomplishments

The objective for CY03 was 79.0%. Results: The CY03 rate was 70.1%. While the difference between 2000 and 2003 is not statistically significant, the trend shows positive improvement. There are no tertiary care centers for mothers and infants within the state of Wyoming. Therefore, tertiary care patients are transported to the neighboring states of Colorado, Utah, Montana and South Dakota. Provider referral patterns often follow a family's preference to avoid long-distance referral.

Upon entry into the BB perinatal screening process, a Pregnancy Wellness Assessment tool was completed to determine risk level for pre-term labor, low birth weight and other complications of pregnancy. In collaboration with the MHD and the SAD, the assessment tool was revised in 2004 to include questions specific to mental health and substance abuse, which can increase the risk of pre-term labor. Some questions are the same as are included in MOMS and in the Wyoming Reproductive Health study, facilitating greater cross comparison of data. The information collected by these specific tools assisted the PHN staff in assessment of risk level and referral for medical support, including transportation to a tertiary care facility, as determined to be appropriate by HCP. Education and support for decreasing high-risk behaviors, such as substance use, and referral for mental health issues was provided by BB staff.

Outreach educational activities were ongoing at the local level for families and providers, related to the need for high-risk pregnancies to be delivered at tertiary care centers outside of the state. These forums included one-on-one meeting with providers, quarterly meetings with providers, and classes for parents.

ICR's were provided to MCH weekly, listing all Medicaid pregnant women who were patients in hospitals. Local PHN offices were notified to assure early contact to offer support, since approximately 50% of Wyoming deliveries are reimbursed by Medicaid.

In addition to the ICR access, MCH collaborated with Medicaid and DFS to provide monthly reports of Wyoming women who are determined to be eligible for the Medicaid Pregnant Women Program (PWP) program. This list becomes available to PHN offices to assure as timely follow-up as possible to offer BB perinatal support services.

MCH provided limited financial assistance through MHR/NBIC eligible high-risk mothers and infants requiring transport ation to tertiary care centers for high-risk pregnancy complications, delivery, and infant care.

MOMS project continued with CPHE, to gather information on risk behaviors of pregnant women related to pre-term labor and LBW deliveries.

Premature infant car seats were provided to tertiary care centers to safely transport premature infants to Wyoming.

Tertiary care facilities were contacted by MCH/PHN staff to assure Wyoming families are being referred to MCH services.

Translation services were offered through PHN offices throughout the state to assure minority pop

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Perinatal support			X	
2. Perinatal outreach and education				X
3. ICR/Healthy additions tool/APS collaboration				X
4. DFS PWP report				X
5. MHR/ Newborn Intensive Care (NBIC) Programs	X			
6. MOMS project			X	
7. Tertiary facility visits				X
8. Data system support				X
9. Translation services		X		
10. MCH capacity grant				X

b. Current Activities

Care coordination and NFP home visiting model was offered to pregnant women and families as a best practice strategy to assist in identification of high-risk pregnancies.

Outreach educational activities continued at the local level to assure families and providers are aware of the need for high-risk pregnancies to be delivered at tertiary care centers.

MCH supports the MOD Prematurity Campaign by serving on the Program Services Committee at the regional, state and national level, as well as chairing the National sub-committee on rural implications related to pregnant women and premature deliveries.

MCH actively participates on the Perinatal Update, AWHONN, and HMHB committees, to plan conferences in Wyoming for PHN staff to assure evidence-based practices are presented related to healthy pregnancy outcomes, including such topics as trans cultural perspectives in childbearing, maternal transport issues, tertiary care intrauterine resuscitation, prenatal and first trimester screening, and newborn cardiac assessment were presented.

Subsequently, a project entitled "What to Plan for When You are Expecting" was developed. With no tertiary care centers for pregnant women or infants in the state, it is imperative that pregnant women and their families are prepared for possible transport out of state on short notice for high-risk care. A promotional placard was created for pregnant women, with a checklist of what is recommended for smooth transition to tertiary care, including the suggestion for a phone card to make call back to family, employers, etc. A community service award from MOD was used to purchase a limited number of phone cards to attach to the placard for family's use when accessing tertiary care.

Review of ICR's continued to assure appropriate referrals to PHN offices for timely follow-up.

Weekly reports from APS, The Healthy Addiction Tool, were sent electronically to PHN offices,

and referrals for Medicaid pregnant women have increased.

MHR/NIBC continues to provide limited financial assistance to financially and medically eligible pregnant women and infants in need of tertiary care.

MOMS questions focused on access to prenatal care and specifically access to tertiary care.

MCH is in the process of planning followup visits with regional tertiary care facilities to assure Wyoming families who are admitted to those facilities are referred to MCH for services.

MCH is in the process of enhancing the computerized database to track services utilized by MHR/NBIC and to identify areas of need, related to factors contributing to high risk pregnancy and delivery. Additionally, plans are being developed to purchase laptops for nurses to use in the field to enter data directly into the database that are in the process of being upgraded.

c. Plan for the Coming Year

Care coordination and NFP home visiting model will be offered to pregnant women and families as a best practice strategy, to assist in identification of high-risk pregnancies to impact VLBW and LBW.

MCH will continue to support the MOD Prematurity Campaign, and will chair the Regional Program services committee, as well as the National Rural Health sub-committee, which is developing a white paper on health issues effecting rural pregnant woman.

A review of ICR's continued to assure appropriate referrals to PHN offices for timely follow-up related to pregmant women in pre-term labor, in the event they are not yet in contact with the local PHN office. This contact aimed at assuring appropriate emphasis on delivery at a tertiary care center.

MCH will collaborate with APS to enhance the referral system in WY communities. PHN staff will contact pregnant women who have been referred by APS and are on the Healthy Additions coordination tool. A survey has also been developed collaboratively with MCH/PHN/Medicaid/APS that is sent to postpartum Medicaid clients to determine satisfaction with PHN services. Results from the surveys will begin to be available in FY06 for program and policy development and revision.

MHR will continue to provide limited financial assistance to eligible pregnant women in need of tertiary care.

Due to budgetary constraints, NBIC policy has been revised to reflect a $10,000 cap per infant, (from $40,000) for intant tertiary care. Both MCH/NBIC programs have been revised to require families to apply for other funding sources prior to accessing MCH limited financial assistance.

MOMS will continue to provide data as to risky behaviors pregnancy women engage in during pregnancy. MCH staff will attend a pre-application meeting in Atlanta for PRAMS funding that will become available in FY06. Applications will be made in November 2005 for PRAMS funding for FY06.

Funding has been obtained to supply tertiary care facilities again with premature infant car seats.

Visits to tertiary care centers will be scheduled for FY06, to assure all Wyoming families are being referred to MCH for available follow-up services. State level MCH and PHN staff, as well as local PHN staff will participate in the visits to Denver, CO; Salt Lake City, UT; Billings, MT;

and Rapid City, SD.

Improved data collections and database enhancements will allow MCH to have improved documentation related to our programmatic efforts in increasing percentage of healthy weight babies being delivered in WY.

Translation services will continue to be available throughout the state to assure minority populations receive the same consistent information and services.

MCH provided capacity grants to county PHN offices (pass-through funding) to assist communities in development, delivery and quality evaluation of MCH services.

Performance Measure 18: *Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	89	89	89	89	86
Annual Indicator	82.3	82.7	84.5	85.8	
Numerator	5150	5056	5538	5746	
Denominator	6254	6117	6550	6700	
Is the Data Provisional or Final?				Final	
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	89	89	90	90	90

Notes - 2004

2004 Vital Records data will not be available until March 2006

a. Last Year's Accomplishments

The CY03 objective was 89%. Results: In CY03, 85.8% of pregnant women received prenatal care in the first trimester. Significant progress has been made since 1998 when the rate was 81%. In Wyoming, largely because of health provider capacity issues, prenatal care providers frequently see pregnant women in the second trimester. MCH strategic direction, therefore, emphasizes the importance of first trimester PHN contacts for educational support and resource referrals prior to the first prenatal visit.

Care coordination and NFP home visiting model were offered to pregnant women and families as a best practice strategy. PHN staff provided prenatal assessment and referral for pregnant women as early as possible in their pregnancy, and advocated for early, appropriate, and consistent prenatal care.

Pregnant women who did not have financial means to access prenatal care were assisted with filling out forms to apply for Medicaid coverage on the PWP. Additionally, referrals were made to KidCare as necessary.

The majority of county PHN offices provided or collaborated with local hospitals to provide prenatal classes, including Early Bird (early second trimester) classes, Teen prenatal classes, as well as basic Childbirth classes; offered on an individual and group basis. Prenatal classes were provided to pregnant women and their families, specifically addressing the importance and value of early, appropriate and consistent prenatal care; healthy lifestyle promotion; nutritional issues (appropriate weight gain and encouragement of folic acid supplement); risks of substance use in pregnancy; birth spacing; pregnancy planning (intendedness); as well as breastfeeding promotion.

MCH provided limited financial support and assisted in planning for the 26th Annual Perinatal Update Conference, for PHN audiences, on best practices in perinatal nursing. Approximately 25 Wyoming PHN attended. The annual AWOHONN and HMHB conference also received support in planning to assure risks of LBW/pre-term delivery were presented in the agendas.

The AWHONN Annual conference held in April 2004 in Cheyenne for professional staff, included sessions on the detection and support of depression in pregnant women to improve birth outcomes.

Providers were encouraged to provide prenatal care in the first trimester. With the health care provider shortage in WY, not all communities have the availability of providers for pregnant women. Additionally, with full caseloads, some providers do not schedule prenatal visits within the first trimester. Therefore, MCH places utmost importance on contacts within the first trimester for pregnant women seen in PHN offices.

MCH continued to contract with Wyoming Health Council to provide access to reproductive health services, a primary vehicle for encouraging pregnancy planning and providing pre-conception care and referral. Title V funds supplemented Title X funds in reproductive health service provision throughout the state, includi

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Perinatal support			X	
2. Perinatal outreach and education				X
3. Funding for reproductive health/Migrant health				X
4. Child Birth Education (CBE)			X	
5. ICR/Healthy Additions coordination tool/APS survey/ DFS PWP report				X
6. CFI /ECCS				X
7. MOMS			X	
8. Rocky Mountain Public Health Consortium				X
9. Translation services		X		
10. MCH Capacity grants				X

b. Current Activities

Care Coordination and NFP home visiting model continues to be offered to pregnant women

and families as a best practice strategy. PHN staff provides prenatal assessment and referral for pregnant women as early as possible in their pregnancy.

Pregnant women continue to be assisted with filling out forms for Medicaid PWP, as necessary. Referrals are made to KidCare as appropriate.

Wind River Reservation (WRR) collaboration is ongoing with IHS to provide support services to the clients.

Providers are encouraged to provide prenatal care in the first trimester. MCH continues to partner with HMHB and AWHONN to plan annual conferences for professional staff.

MCH continues to contract with WHC to provide access to reproductive health services, a primary vehicle for encouraging pregnancy planning and providing pre-conception care and referral. Title V funds supplemented Title X funds throughout the state, including teen pregnancy prevention, Sexually Transmitted Disease (STD) screening and education, and a national Fatherhood Initiative emphasizing male involvement in family planning decisions. The Migrant Health Program is also funded through WHC to provide the counties with the most migrant workers the necessary clinics to promote healthy pregnancy and term delivery in that population.

MCH collaborates with APS to enhance the referral system in WY communities to increase the percentage of pregnant women who receive Medicaid services and are offered care coordination services.

The MOMS project, in collaboration with the Colorado PHE, is using the same methodology as the CDC framework and over-samples Native Americans and low birth weight deliveries. Preliminary reports are now becoming available for policy and planning of future programs.

Translation services are available through each PHN office to assure minority populations receive the same information related to healthy lifestyle and prenatal care.

Capacity Grants to PHN offices provide (pass-through) funding for enhancement and sustaining delivery of MCH services. Performance indicators have been developed to transition the capacity grant process into a performance-based system of funding.

c. Plan for the Coming Year

Care coordination and NFP home visiting model will continue to be offered to pregnant women and families as a best practice strategy. PHN staff will provide prenatal assessment and referral for pregnant women as early as possible in their pregnancy.

Pregnant women will continue to be assisted with filling out forms for Medicaid PWP as necessary with referrals being made to KidCare as appropriate.

Providers will be encouraged to provide prenatal care in the first trimester. MCH will continue to partner with HMHB and AWHONN to plan annual conferences for nurses.

MCH will continue to provide limited financial assistance and planning of the Annual Perinatal Update Conference, in partnership with The Children's Hospital in Denver, CO; Invinson Memorial Hospital and UW School of Nursing in Laramie, WY; and Poudre Valley Hospital in Fort Collins, CO.

Collaboration will continue with IHS to try to assure NFP availability continues on the Wind River Reservation.

MCH will continue to contract with WHC to provide access to reproductive health services, a primary vehicle for encouraging pregnancy planning and providing pre-conception care and referral. Title V funds will supplement Title X funds in reproductive health service provision throughout the state, including teen pregnancy prevention, Sexually Transmitted Disease (STD) screening and education, and a national Fatherhood Initiative that emphasizes male involvement in family planning decisions. The Migrant Health Program will also be funded through WHC to provide the counties with the most migrant workers the necessary clinics to promote healthy pregnancy and term delivery.

The Perinatal Consultant will research Childbirth Education (CBE) standards to assist in development of a CBE standard for Wyoming. Training will then be scheduled for PHN staff and other nurses who teach CBE throughout Wyoming to assure standard evidence-based practice is presented in all CBE classes (risks of pre-term labor, signs and symptoms of pre-term labor, etc.) to increase the likelihood of babies being born at a healthy weight.

MCH will collaborate with APS to enhance the referral system in WY communities. The purpose will be to increase the percentage of pregnant women who receive Medicaid services and are offered care coordination services. PHN staff will contact pregnant women who have been referred by APS and are on a Healthy Additions weekly report. A survey has also been developed collaboratively with MCH/PHN/Medicaid/APS that is sent to postpartum Medicaid clients to determine satisfaction with PHN services. Results from the surveys will begin to be available in FY06 for program and policy development and revision.

D. STATE PERFORMANCE MEASURES

State Performance Measure 6: *Percent of deaths in children ages 1-24 due to non-motor vehicle related unintentional injuries.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	11.3	11	16	19	19
Annual Indicator	14.0	16.9	19.2	17.3	16.7
Numerator	44	54	55	52	51
Denominator	314	319	287	301	305
Is the Data Provisional or Final?				Final	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	18.7	18.7	18.4	18.4	18.4

Notes - 2002

This indicator has been changed to include ages 1-24. Since most of the numerators were less

than 20, 3 year averages have been used. 95% Confidence Intervals are as follows:
1996-1998 8.4%, 15.8%
1997-1999 8.4%, 15.9%
1998-2000 9.9%, 18.2%
1999-2001 12.4%, 21.4%
2000-2002 14.1%, 24.2%

Notes - 2003

Due to small numbers in the numerator, data are presented as 3-year rolling averages. 95% Confidence Intervals are as follows:

1996-1998: 8.4, 15.8
1997-1999: 8.4, 15.9
1998-2000: 9.9, 18.2
1999-2001: 12.4, 21.4
2000-2002: 14.1, 24.2
2001-2003: 12.6, 22.0

Notes - 2004

2004 Vital Records data will not be available until March 2006. Estimates are based on average of preceeding 4 years.

a. Last Year's Accomplishments

In 2000-2002, 19.2% of deaths in children and youth ages 10-24 were due to non-motor vehicle related unintentional injuries. Chi square test for trend indicates a significant increase since 1999 (p=.009). Three-year rolling averages were used due to small numbers. Also, the age has been changed from 0-18 to 0-24, in keeping with WYDC definition of youth.

See NPM #8 regarding the Wyoming Youth Development Collaborative, the state Early Childhood Comprehensive Systems Planning Grant, and the Comprehensive Study of Issues Facing Families and Children.

In 2003, MCH funded and partnered with United Medical Center in Help me grow-Safe Kids (HMGSK), a public private partnership dedicated to reducing preventable illness and injury in Wyoming's children and youth at the population level. HMGSK, a National Safe Kids coalition, consisted of 8 chapters statewide and has a toll-free information and referral line with options to multiple private public safety-related partners. HMGSK was instrumental in the development and passage of an amendment to the child restraint law, increasing the age of children in car passenger safety seats from age 4 to age 8 and the requirement of nationally approved and appropriate safety seats.

Other accomplishments in 2003 included: 1) 67% increase in the number of counties that now have Safe Kids chapters (11 of 23); 2) Safe Kids Day participation has close to doubled since 2001; 3) increasing the correct use rate of child restraints by 7% to 87% (the national rate is 86%). In addition, 5000 Safe Kids Halloween bags were distributed to K-3 graders, 1126 bicycle helmets were distributed to children and adolescents and 1109 child seat restraints were distributed.

MCH actively participated on the Coordinated School Health Plan with multi-agency partners, lead by the DOE. In addition, MCH was a funding partner to pilot 6 coordinated school health sites across the state.

MCH provided capacity grants (pass-through funding) to county PHN offices to assist communities in development, delivery and quality evaluation of MCH services. PHN service delivery plans included child and youth injury prevention with all clients.

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. CFI				X
2. CSHP				X
3. Safe Kids Wyoming			X	
4. YRBS				X
5. Child Death Review Team				X
6. Summer Institute				X
7. Partner with DOE, SAD				X
8. Translation Services		X		
9. MCH Capacity Grants				X
10.				

b. Current Activities

In October of 2004, MCH and partners determined the need to change the name and mission of Help me grow-Safe Kids (HMGSK) to Safe Kids of Wyoming (SKW) to concentrate solely on childhood injury prevention. This resulted in a change in partners and a more directed effort toward injury prevention, the leading cause of death in children and youth in Wyoming. SKW has become a leader in injury prevention awareness. Other accomplishments of Safe Kids includes: a 67% increase in the number of counties that now have Safe Kids chapters (11/23); Safe Kids Day participation has doubled approximately since 2001; the misuse rate of child restraints has decreased 7% to 87% (the national rate is 86%). Training of Safe Kids Chapter coordinators was held in fall 2004 on chapter building, use of the media, and results-based planning.

MCH is also actively involved with the planning and implementation phase of the Comprehensive Study of Children and Families mandated by legislation this last fall. The purpose of this study is to identify issues and barriers facing many Wyoming children and families, to include economic, transportation, and access to healthcare. From this study, a comprehensive plan will be developed.

Because the state has multiple data sources related to childhood injury, MCH is working closely with other agencies/sections to consolidate childhood injury data which will direct prevention efforts and assist SKW to bring in more funding partners. Once received, MCH will distribute copies to stakeholders and community planners to inform them of the YRBS data so prevention efforts can be more targeted.

MCH continues to provide capacity grants (pass-through funding) to county PHN offices to assist communities in the development, delivery and evaluation of MCH services. PHN service delivery plans include child and youth safety emphasis.

c. Plan for the Coming Year

MCH will continue to be an active participant on the WYDC with the Child and Adolescent Health Services Manager as the Project Manager. The WYDC will address the state-level barriers to providing seamless and integrated services to youth and families in communities, as well as other issues identified by the Comprehensive Study of Children and Families and the Early Childhood Comprehensive Systems Grant and the State Early Childhood Comprehensive Systems Planning Grant.

MCH will continue with building infrastructure to reduce preventable injuries in children and adolescents with organization of the multiple injury surveillance systems and building support for injury prevention across state agencies and other public entities. Safe Kids of Wyoming will continue to work towards reducing child and adolescent preventable injuries through more targeted efforts of Safe Kids Chapters.

MCH will continue providing capacity grants (pass-through funding) to county PHN offices to assist communities in development, delivery and quality evaluation of MCH services. PHN service delivery plans include child and youth safety and health emphasis.

MCH will continue to seek opportunities to influence youth in making healthy choices, influence policy to change the environment for families and youth, and build infrastructure to support the needed changes.

State Performance Measure 7: *Percent of adolescents using alcohol.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective		50	45	40	48
Annual Indicator		51.3	51.3	49.0	49.0
Numerator		14279	14279	13389	13389
Denominator		27835	27835	27325	27325
Is the Data Provisional or Final?				Final	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	46	46	44	44	44

Notes - 2002

This data is obtained from the YRBS which is done every odd year. There is no new data for 2002. The YRBS uses a complex sampling scheme so exact numerators are not known; however, they were estimated using the most current enrollment in grades 9 - 12 as the denominator. This measure has been changed so that the denominator would match the YRBS which provides information by grade, not by age. 1999's numerator and denominator have been adjusted to reflect this change.

Estimates are based on the previous year.

Notes - 2003

Data are from the 2003 Wyoming Youth Risk Behavior Survey. Numerators are estimated using the total population of 9th-12th graders in Wyoming.

Notes - 2004

This data is obtained from the YRBS which is done every odd year. There is no new data for 2004. Estimates are based on the previous year.

a. Last Year's Accomplishments

The 2003 objective was 40%. Result: The 2003 YRBS reported a rate of 49.0%. WDH has not met this objective; however, there has been a significant decrease since 1999 when the rate was 54.8%. 2003 is the most recent year for which data are available.

The Child and Adolescent Health Services Manager was the Project Manager for the Wyoming Youth Development Collaborative (WYDC), an interagency collaborative committed to improving conditions in Wyoming for children, youth and families; therefore addressing all youth risk factors. Actions conducted in 2003 included: 1) identification of several state-level barriers to providing seamless, integrated services; 2) identification of 25+ youth serving boards and councils without a comprehensive state plan to meet the developmental needs of our youth; 3) education of partners/stake holders on utilizing results-based strategic planning and project management. MCH also received a State Early Childhood Comprehensive Systems (ECCS) Planning Grant and is in the process of conducting the environmental survey, in collaboration with multiple private/public organizations. MCH collaborated with SAD to develop the Blueprint for Prevention, Early Intervention, and Treatment of Substance Abuse. The Blueprint lays out a comprehensive plan for prevention, intervention and treatment of substance abuse in Wyoming. Appendix 4 provides the Lifespan Strategy Summary for the Blueprint's approach to populations shared between the Substance Abuse Division (SAD) and MCH.

In addition, MCH was a funding partner, with DFS and DOE to pilot coordinated school health (CSH) sites across the state through a competitive application process. Six pilot sites were identified and are in the process of meeting the requirements of the grant.

In 2003, MCH provided $10,000.00 to the Wyoming Department of Education to conduct the 2003 Youth Risk Behavior Survey. The YRBS is a data collection tool executed every two years by the Wyoming Department of Education to provide state-level data on priority health risk behaviors relating to intentional and unintentional injury and violence; tobacco use; alcohol and other drug use; teen pregnancy; unhealthy dietary behaviors and physical activity.

MCH actively participated on the Coordinated School Health Collaboration with multi-agency partners, lead by the DOE. In addition, MCH was a funding partner to pilot 6 coordinated school health sites across the state.

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Safe Kids of Wyoming				X
2. CSHP			X	
3. YRBS			X	
4. CFI				X
5. Governor’s Council on Impaired Driving				X
6. Department of Transportation (DOT)/WY Public Safety Officers				X
7. Translation services				X
8. MCH Capacity grant			X	
9.				

10.				

b. Current Activities

The WYDC has been reinstituted with the establishment of a Sponsorship Committee, consisting of the agency deputy directors who have committed time and resources. Staff of the 25+ youth serving boards and councils are being surveyed to determine their focus as it relates to youth, funding sources, mandates, etc. From this survey, a final report will be presented to the Governor to assist in planning with the state's direction toward youth development agenda. MCH is also actively involved with the planning and implementation phase of the Comprehensive Study of Children and Families mandated by legislation this last fall. The purpose of this study is to identify issues and barriers facing many Wyoming children and families, to include economic, transportation, and access to healthcare. From this study, a comprehensive plan will be developed.
MCH is supporting the DOE with resources for the Summer Institute, where educators, nurses, PHNs, other school staff, community youth service providers, etc. are invited to enhance their skills with updated health information.

c. Plan for the Coming Year

MCH will partner with the SAD and the DOE to leverage funding/resources to a social marketing plan directed to youth linking drug and alcohol use with sexual activity.

MCH will continue to be an active participant on the C&FI. The CFI will address the state-level barriers to providing seamless and integrated services to youth and families in the communities.

State Performance Measure 8: *Percent of adolescents who report tobacco smoking.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2000**	**2001**	**2002**	**2003**	**2004**
Annual Performance Objective		33	30	26	26
Annual Indicator					
Numerator		7905	7905	9017	9017
Denominator		27835	27835	27325	27325
Is the Data Provisional or Final?				Final	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	24	24	22	22	22

Notes - 2002

This data is obtained from the YRBS which is done every odd year. There is no new data for 2002. Estimates are based on the previous year.

Notes - 2003

Data are from the 2003 Wyoming Youth Risk Behavior Survey. Numerators are estimated using the total population of 9th-12th graders in Wyoming.

Notes - 2004

This data is obtained from the YRBS which is done every odd year. There is no new data for 2004. Estimates are based on the previous year.

a. Last Year's Accomplishments

The 2003 objective was 26%. Result: The 2003 YRBS reported a rate of 33%. WDH has not met its objective and there has been no significant change since the YRBS began collecting this data in 1995. 2003 is the most recent year for which data are available.

The Child and Adolescent Health Services Manager was the Project Manager for the WYDC, an interagency collaborative committed to improving conditions in Wyoming for children, youth and families; therefore addressing all youth risk factors. Actions conducted in 2003 included: 1) identification of several state-level barriers to providing seamless, integrated services; 2) identification of 25+ youth serving boards and councils without a comprehensive state plan to meet the developmental needs of our youth; 3) education of partners/stake holders on utilizing results-based strategic planning and project management. MCH also received a State Early Childhood Comprehensive Systems (ECCS) Planning Grant and is in the process of conducting the environmental survey, in collaboration with multiple private/public organizations.

In addition, MCH was a funding partner, with DFS and DOE to pilot CSHP sites across the state through a competitive application process. Six pilot sites were identified and are in the process of meeting the requirements of the grant. Addressing the mental health of students and staff is important in the CSH project sites.

In 2003, MCH provided $10,000.00 to the DOE to conduct the 2003 Youth Risk Behavior Survey. The YRBS is a data collection tool executed every two years by the Wyoming Department of Education to provide state-level data on priority health risk behaviors relating to intentional and unintentional injury and violence; tobacco use; alcohol and other drug use; teen pregnancy; unhealthy dietary behaviors and physical activity.

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. CSHP			X	
2. YRBS			X	
3. Network with Substance Abuse Division/ Wyoming Family Matters				X
4. Summer Institute				X
5. CFI				X
6. Coordination of translation services				X
7. Provide MCH Capacity grants				X
8.				
9.				
10.				

b. Current Activities

The WYDC has been reinstituted with the establishment of a Sponsorship Committee,

consisting of the agency deputy directors who have committed time and resources. Staff of the 25+ youth serving boards and councils are being surveyed to determine their focus as it relates to youth, funding sources, mandates, etc. From this survey, a final report will be presented to the Governor to assist in planning with the state's direction toward youth development agenda. MCH is also actively involved with the planning and implementation phase of the Comprehensive Study of Children and Families mandated by legislation this last fall. The purpose of this study is to identify issues and barriers facing many Wyoming children and families, to include economic, transportation, and access to healthcare. From this study, a comprehensive plan will be developed.

MCH is supporting the DOE with resources for the Summer Institute, where educators, nurses, PHNs, other school staff, community youth service providers, etc. are invited to enhance their skills with updated health information.

MCH continues to provide capacity grants (pass-through funding) to county PHN offices to assist communities in the development, delivery and evaluation of MCH services. PHN service delivery plans include child and youth health emphasis.

c. Plan for the Coming Year

MCH will continue to be an active participant on the CFI. The CFI will address the state-level barriers to providing seamless and integrated services to youth and families in the communities.

MCH will continue to be actively involved with Action for Healthy Kids to influence state and local policy to improve the school environment.

MCH will continue providing capacity grants (pass-through funding) to county PHN offices to assist communities in development, delivery and quality evaluation of MCH services. PHN service delivery plans include child and youth safety and health emphasis.

MCH will continue to seek opportunities to influence youth in making healthy choices, influence policy to change the environment for families and youth, and build infrastructure to support the needed changes.

State Performance Measure 12: *Percent of women smoking tobacco during pregnancy*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective		20	18	18	18
Annual Indicator	21.1	21.7	20.7	19.2	20.6
Numerator	1317	1330	1354	1288	1322
Denominator	6254	6117	6550	6700	6405
Is the Data					

Provisional or Final?				Final	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	18	17.5	17.5	17.5	17.5

Notes - 2004

2004 Vital Records data will not be available until March 2006. Estimates are based on average of preceeding 4 years.

a. Last Year's Accomplishments

MCH provided substance use outreach education, care coordination, and local referrals for cessation counseling through local PHN offices. Prenatal classes are also provided on an individual and group basis, related to healthy lifestyle promotion, signs and symptoms of pre-term labor, and risks of substance use in pregnancy. According to annual reports, most counties use research-based "Freedom From Smoking," "A Guide for Counseling Women Who Smoke," and "Quitting Day" programs for their cessation efforts.

MCH strengthened collaboration with SAD in assisting with the development and funding of a social marketing campaign. MCH staff serves on the advisory committee for the DOE and SAD sponsored 21st Century/State Incentive Grant.

MCH continues to collaborate with SAD on the following initiatives:
* MCH assisted SAD in evaluating proposals received for social marketing activities.
* MCH staff served on the Women's Treatment Advisory Council including the Women's Wellness subcommittee. An important focus area was the education of women about domestic violence, substance use and mental health issues.
* MCH partnered with SAD to repeat the Wyoming Reproductive Health Study that was completed in the mid-1990s, and offered funding for the development of the study.

MCH was an active participant in the SRCC (previously Unintended Pregnancy Prevention Task Force) to assure support was available for FP services for both men and women to increase pregnancy intention.

MOMS project continued with CPHE, to gather information on risk behaviors of pregnant women related to pre-term labor and LBW deliveries for policy and program development.

In FY03, MCH worked with the WHC, the Governor's Council on Women's Issues, SAD, Breast and Cervical Cancer Section, and the Domestic Violence Section of the Attorney General's Office to plan a needs assessment to identify gaps in women's services in the state and how to fill those gaps. Tobacco use is a major issue for the women's population in the state.

Translation services were available throughout the state to assure minority populations receive the same consistent information and services.

MCH capacity grants (pass-through funding) continues to be provided to PHN offices to sustain delivery of MCH services, including tobacco cessation for pregnant women.

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**

1. Perinatal support			X	
2. Perinatal outreach and education			X	
3. Collaborate with substance abuse division SAD/ Wyoming Family Matters				X
4. SRRC				X
5. MOMS			X	
6. CFI				X
7. Women's Health Needs Assessment / Wyoming Reproductive Health Study				X
8. Rocky Mountain Public Health Consortium				X
9. Translation services		X		
10. MCH capacity grants				X

b. Current Activities

MCH continues to provide substance use outreach education, care coordination, and local referrals for cessation counseling through local PHN offices. Prenatal classes are provided on an individual and group basis, related to healthy lifestyle promotion, signs and symptoms of pre-term labor, and risks of substance use in pregnancy. Counties continue to use research-based "Freedom From Smoking," "A Guide for Counseling Women Who Smoke," and "Quitting Day" programs for their cessation efforts, and pregnant women continue to be referred out for smoking cessation support as appropriate. A research project was conducted by MCH to determine the feasibility of implementing the 5As through the existing BB program. Research is ongoing for a 5As training course to provide for BB nurses.

MCH continues the collaboration with the SAD to address drug, tobacco and alcohol use and abuse among Wyoming citizens. Currently in place is a social marketing campaign targeted to women for tobacco and drug cessation. MCH staff continues to serve on the Women's Treatment Advisory Council as requested, including the Women's Wellness subcommittee with the focus of education of women regarding domestic violence, substance use and mental health issues.

The SRRC (formerly Unintended Pregnancy Task Force) meets regularly to discuss issues related to intentional pregnancy and healthy pregnancy outcome.

In collaboration with Colorado PRAMS, CPHE is contracted with MCH to provide administration for the Wyoming survey using the same methodology as the CDC PRAMS project. Survey content includes risk behaviors engaged in during pregnancy, such as substance use (including tobacco, alcohol and illicit drugs) and perceived barriers to cessation of substance use in pregnancy. Reports from the MOMS will be used by MCH to drive policy and program planning. Questions from the MOMS survey were developed in collaboration with SAD, WIC, and MHD.

MCH has been involved in data collection for the Wyoming Women's Reproductive Health Study (WRHS) in collaboration with SAD and the HIV program. The study will address knowledge, attitudes and practices of Wyoming women of reproductive age, focusing on factors that are associated with adverse birth outcomes, particularly LBW and preterm delivery. WRHS questions have been duplicated on the MOMS survey and the Pregnancy Wellness Assessment tool used to determine risk factors in pregnant women through the BB program.

Translation services are available throughout the state to assure minority populations receive the same consistent information and services.

MCH capacity grants (pass-through funding) will continue to be provided to PHN offices to

sustain delivery of MCH services, including tobacco cessation services and referral for pregnant women.

c. Plan for the Coming Year

MCH will continue to provide substance use outreach education, care coordination, and local referrals for cessation counseling through local PHN offices. Prenatal classes will be provided on an individual and group basis, related to healthy lifestyle promotion, signs and symptoms of pre-term labor, and risks of substance use in pregnancy. Pregnant women will continue to be referred out for smoking cessation support as appropriate. A training course will be provided by MCH for PHN staff to become proficient in the 5As program and will provide it to pregnant women through the BB existing structure.

MCH will continue collaborating with SAD to address drug, tobacco and alcohol use and abuse. Currently in place is a social marketing campaign targeted to women for tobacco and drug cessation.

MCH will continue to actively participate on the SRRC to address pregnancy intention and healthy pregnancy outcome.

The MOMS project is scheduled to continue in FY06 with SSDI funding. Wyoming moms have responded to the survey at a very high rate consistently (over 60%) in the past, and it is anticipated the percentage of surveys returned will continue to icrease, as the survey becomes more widely known throughout the state. In August 2005, MCH staff, will attend a pre-application meeting in Atlanta for PRAMS CDC funding. Receiving CDC funding for PRAMS will allow Wyoming the opportunity to compare our state statistics to other PRAMS states, to create a richer database of Wyoming statistics to guide future policy and programs.

Continued collaboration with the Governor's Children and Families initiative will provide support for nurse support and provision of services through PHN offices, as enhancement to the present BB system of perinatal support has been suggested. The PC will research other models of care coordination targeting pregnant women in subsequent pregnancies, to supplement and complement the NFP program. Additionally, the PC will research Childbirth Education (CBE) standards to assist in development of a CBE standard for Wyoming. Training will be scheduled for PHN staff and other nurses who teach CBE throughout Wyoming to assure standard evidence-based practice is presented in all CBE classes (risks of pre-term labor, signs and symptoms of pre-term labor, etc).

Analysis of the Women's Health Needs Assessment will determine health needs for women in the state, where gaps in services are, and how to address those gaps. The results will be used to plan policy and programs for women in Wyoming.

Translation service will continue to be provided throughout the state for assure minority populations receive the same consistent information and services.

Capacity grants to PHN offices will provide (pass-through) funding for enhancement and sustaining delivery of MCH services.

IHS will provide funding to enhance services delivery to the Wind River Reservation population.

State Performance Measure 13: *Percent of women drinking alcohol during pregnancy*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective		1.9	1.9	1.3	1.3
Annual Indicator	1.6	1.6	1.3	1.1	1.4
Numerator	98	96	87	76	89
Denominator	6254	6117	6550	6700	6405
Is the Data Provisional or Final?				Final	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	1.2	1	1	1	1

Notes - 2004

2004 Vital Records data will not be available until March 2006. Estimates are based on average of preceeding 4 years.

a. Last Year's Accomplishments

The Child and Adolescent Health Services Manager was the Project Manager for the Wyoming Youth Development Collaborative (WYDC), an interagency collaborative committed to improving conditions in Wyoming for children, youth and families; therefore addressing all youth risk factors. Actions conducted in 2003 included: 1) identification of several state-level barriers to providing seamless, integrated services; 2) identification of 25+ youth serving boards and councils without a comprehensive state plan to meet the developmental needs of our youth; 3) education of partners/stake holders on utilizing results-based strategic planning and project management. MCH also received a State Early Childhood Comprehensive Systems (ECCS) Planning Grant and is in the process of conducting the environmental survey, in collaboration with multiple private/public organizations. MCH collaborated with SAD to develop the Blueprint for Prevention, Early Intervention, and Treatment of Substance Abuse. The Blueprint lays out a comprehensive plan for prevention, intervention and treatment of substance abuse in Wyoming. Appendix 4 provides the Lifespan Strategy Summary for the Blueprint's approach to populations shared between the Substance Abuse Division (SAD) and MCH.

In 2003, MCH provided $10,000.00 to the Wyoming Department of Education to conduct the 2003 Youth Risk Behavior Survey. The YRBS is a data collection tool executed every two years by the Wyoming Department of Education to provide state-level data on priority health risk behaviors relating to intentional and unintentional injury and violence; tobacco use; alcohol and other drug use; teen pregnancy; unhealthy dietary behaviors and physical activity.

MCH actively participated on the Coordinated School Health Collaboration with multi-agency partners, lead by the DOE. In addition, MCH was a funding partner to pilot 6 coordinated school health sites across the state.

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

	Pyramid Level of Service

Activities	DHC	ES	PBS	IB
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The WYDC was reinstituted with the establishment of a Sponsorship Committee, consisting of the agency deputy directors who have committed time and resources. Staff of the 25+ youth serving boards and councils are being surveyed to determine their focus as it relates to youth, funding sources, mandates, etc. From this survey, a final report will be presented to the Governor to assist in planning with the state's direction toward youth development agenda. MCH is also actively involved with the planning and implementation phase of the Children and Families Initiative (CFI) mandated by legislation this past fall and supported by the Wyoming ECCS Planning Grant. The purpose of this study is to identify issues and barriers facing many Wyoming children and families, to include economic, transportation, and access to healthcare. From this study, a comprehensive plan will be developed.

MCH is supporting the DOE with resources for the Summer Institute, where educators, nurses, PHNs, other school staff, community youth service providers, etc. are invited to enhance their skills with updated health information. MCH will sponsor a pre-session at the Summer Institute on "Youth Matters" curriculum, which is science-based and teaches students how to deal with important issues affecting their health and safety and making healthy decisions.

c. Plan for the Coming Year

This performance measure has been discontinued as there are other programs addressing this issue.

State Performance Measure 14: *Percent of Wyoming high school students who are overweight*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective		3.5	6.5	6.3	7.2
Annual Indicator					

Numerator		1837	1837	1967	1967
Denominator		27835	27835	27325	27325
Is the Data Provisional or Final?				Final	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	5.9	5.9	5.5	5.5	5.5

Notes - 2002

This data is obtained from the YRBS which is done every odd year. There is no new data for 2002. Estimaes are based on previous year.

Notes - 2003

Data are from the 2003 Wyoming Youth Risk Behavior Survey. Numerators are estimated using the total population of 9th-12th graders in Wyoming.

Notes - 2004

This data is obtained from the YRBS which is done every odd year. There is no new data for 2004. Estimaes are based on previous year.

a. Last Year's Accomplishments

The 2003 objective was 6.3%. Result: The 2003 YRBS reported a rate of 7.2%. WDH did not meet this objective, and the rate increased significantly since 1999.
The 2002 objective was 45%. Result: The 2001 YRBS reported a rate of 51.3%. WDH has not met this objective and there has been no significant change since the YRBS began collecting this data in 1995. 2003 is the most recent year for which data are available.

The Child and Adolescent Health Services Manager was the Project Manager for the WYDC, an interagency collaborative committed to improving conditions in Wyoming for children, youth and families; therefore addressing all youth risk factors. Actions conducted in 2003 include: 1) identification of several state-level barriers to providing seamless, integrated services; 2) identification of 25+ youth serving boards and councils without a comprehensive state plan to meet the developmental needs of our youth; 3) education of partners/stake holders on utilizing results-based strategic planning and project management. MCH also received a State ECCS Planning Grant and is in the process of conducting the environmental survey, in collaboration with multiple private/public organizations. It is expected that poverty will play an important role in obesity trends in Wyoming.

In addition, MCH was a funding partner, as were DFS and DOE to pilot CSHP sites across the state through a competitive application process. Six pilot sites were identified and are in the process of meeting the requirements of the grant.

MCH assisted in the development of Wyoming's chapter of Action for Healthy Kids, a statewide public private coalition dedicated to influencing schools to adopt policies to ensure that all foods and beverages available on school campuses and at school events contribute toward eating patterns that are consistent with the Dietary Guidelines for Americans. And that all children will engage in, from pre-kindergarten through Grade 12, quality daily physical education and/or activity that helps develop the knowledge, attitudes, skills, behaviors and confidence needed to be physically active for life.

In addition, MCH provided $10,000.00 to the Wyoming DOE to conduct the 2003 Youth Risk Behavior Survey. The YRBS is a data collection tool executed every two years by the Wyoming DOE to provide state-level data on priority health risk behaviors relating to intentional and

unintentional injury and violence; tobacco use; alcohol and other drug use; teen pregnancy; unhealthy dietary behaviors and physical activity.

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. CSHP			X	
2. Action for Healthy Kids				X
3. YRBS				X
4. Support of Summer Institute			X	
5. Work with WIC program			X	
6. Translation services			X	
7. MCH Capacity grants				X
8.				
9.				
10.				

b. Current Activities

Staffs of the 25+ youth serving boards and councils were surveyed to determine their focus as it relates to youth, funding sources, mandates, etc. From this survey, a final report has been presented to the Governor to assist in planning with the state's direction toward youth development agenda.

MCH is also actively involved with the planning and implementation phase of the Comprehensive Study of Children and Families mandated by legislation this last fall and supported by MCH. The purpose of this study is to identify issues and barriers facing many Wyoming children and families, to include economic, transportation, and access to healthcare. From this study, a comprehensive plan will be developed.

MCH is supporting DOE with resources for the Summer Institute, where educators, nurses, PHN's, other school staff, community youth service providers, etc. are invited to enhance their skills with updated health information. MCH will sponsor several agency representatives' attendance through scholarships to cover attendance fees, including members of the Wyoming Action for Health Kids coalition.

MCH continues to leverage funding to conduct the YRBS, which provides information on student's self reports regarding many risk factors, including the consumption of high fat foods, fruits and vegetables, as well as amounts of physical activity students engage in during the week. The report for 2005 is in process of being compiled, and once received, MCH will distribute copies to stakeholders and community planners to inform them of the YRBS data so prevention efforts can be more targeted.

MCH continues to provide capacity grants (pass-through funding) to county PHN offices to assist communities in the development, delivery and evaluation of MCH services. PHN service delivery plans include child and youth health emphasis, including physical activity and nutrition issues.

c. Plan for the Coming Year

MCH will continue to be actively involved with Action for Healthy Kids to influence state and local policy to improve the school environment.

MCH will continue providing capacity grants (pass-through funding) to county PHN offices to assist communities in development, delivery and quality evaluation of MCH services. PHN service delivery plans include child and youth health with an increased emphasis on physical activity and movement. Part of the PHN service team includes members of the WIC program, which is an integral part of continued efforts focused on assisting families with healthy nutrition choices, and providing ongoing guidance and assistance in healthy lifestyles.

MCH will continue to seek opportunities to influence youth in making healthy choices, influence policy to change the environment for families and youth, and build infrastructure to support the needed changes. Many of these efforts are targeted through continued work with the Governor's Children and Family Initiative.

Ongoing efforts to provide increased translation services are a priority for all performance measures within this grant application. MCH intends to offer professional development opportunities to our funded partners in order to provide direct services in languages other than English.

State Performance Measure 15: *Percent of adolescents using methamphetamine*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective		10	9	8	11.6
Annual Indicator					
Numerator		2978	2978	3170	3170
Denominator		27835	27835	27325	27325
Is the Data Provisional or Final?				Final	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	10	10	9	9	9

Notes - 2002

This data is obtained from the YRBS which is done every odd year. There is no new data for 2002. Estimaes are based on previous year.

Notes - 2003

Data are from the 2003 Wyoming Youth Risk Behavior Survey. Numerators are estimated using the total population of 9th-12th graders in Wyoming.

Notes - 2004

This data is obtained from the YRBS which is done every odd year. There is no new data for

2004. Estimaes are based on previous year.

a. Last Year's Accomplishments

The 2003 objective was 8%. Result: The 2003 YRBS reported a rate of 11.6%. WDH has not met this objective and there has been no significant change since the YRBS began collecting this data in 1995. 2003 is the most recent year for which data are available.

MCH continued a long-standing, public-private partnership with Wyoming Coalition for Community Health Education (WCCHE). Among WCCHE's priorities are efforts intended to: influence systemic change that results in the improvement of health for Wyoming residents; facilitate health education in schools; and establish sustainable funding from a variety of state and national sources. WCCHE, in partnership with Healthy Community/Healthy Youth (HCHY) coalitions, has initiated asset-based (Search Institute) initiatives in Wyoming communities. MCH staff committed funding and participated in planning their annual conference to empower youth to make better choices.

In 2003, MCH provided $10,000.00 to the Wyoming Department of Education to conduct the 2003 Youth Risk Behavior Survey. The YRBS is a data collection tool executed every two years by the Wyoming Department of Education to provide state-level data on priority health risk behaviors relating to intentional and unintentional injury and violence; tobacco use; alcohol and other drug use; teen pregnancy; unhealthy dietary behaviors and physical activity.

In September 2003, the Child and Adolescent Health Services Manager was the Project Manager for the Wyoming Youth Development Collaborative (WYDC), bringing consistency and constancy to the collaborative. System infrastructure assessment was conducted where several state-level barriers to providing seamless, integrated services were identified. Also identified were 25+ youth serving boards and councils without a comprehensive state plan to meet the developmental needs of our youth. In efforts to build skills necessary to mobilize funding toward results-based activities and programs, partners/stakeholders were educated in utilizing results-based strategic planning and project management. In addition, youth performance indicators were identified to track the impact of youth development in the state.

MCH received the ECCS Planning Grant, however, due to a hiring freeze within the WDH, staff was hired utilizing a position within DFS. Initial work on the grant included identifying early childhood professionals and partners within the state.

MCH actively participated on the Coordinated School Health Plan with multi-agency partners, lead by the Wyoming DOE. In addition, MCH was a funding partner to pilot 6 coordinated school health sites across the state.

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. CSHP			X	
2. CFI				X
3. YRBS			X	
4. Summer institute				X
5. Social Marketing Campaign				X
6. Coordination of translation services				X
7. Provide MCH capacity grants				X

8.					
9.					
10.					

b. Current Activities

WCCHE is no longer in operation, and as such, many of the partnerships and collaborative efforts undertaken by this working group is finding difficulty in continuing with the program as currently administrated. Among WCCHE's priorities were efforts intended to: influence systemic change that results in the improvement of health for Wyoming residents; facilitate health education in schools; and establish sustainable funding from a variety of state and national sources. These goals fall very nicely in line with the current Governor's Children & Family Initiative, and many efforts continue under this new reorganization.

MCH continues to leverage funding to conduct the YRBS, which provides information on student reporting of tobacco, alcohol and drug behaviors, as well as other risky behaviors. MCH currently is distributing copies of the 2003 report to stakeholders and community planners to inform them of the YRBS data so prevention efforts can be more targeted. MCH collaborated on the integration and administration of the 2005 survey, of which results should be returned shortly.

MCH continues to provide capacity grants (pass-through funding) to county PHN offices to assist communities in the development, delivery and evaluation of MCH services. PHN service delivery plans include child and youth safety emphasis.

MCH staff is also involved with the Summer Institute planning team where educators, nurses, PHNs, other school staff, community youth service providers, etc. are invited to gain knowledge concerning best practices for working with youth.

MCH is partnering with the SAD and the DOE to develop a plan for a social marketing campaign to educate youth of the impact of drug and alcohol use with sexual activity.

c. Plan for the Coming Year

MCH will continue to be an active participant on the CFI. The CFI will address the state-level barriers to providing seamless and integrated services to youth and families in the communities, as well as other issues identified by the Comprehensive Study of Children and Families and the Early Childhood Comprehensive Systems Grant.

MCH will commit resources to the social marketing plan linking drug and alcohol use with sexual activity.

MCH will continue providing capacity grants (pass-through funding) to county PHN offices to assist communities in development, delivery and quality evaluation of MCH services. PHN service delivery plans include child and youth safety and health emphasis.

State Performance Measure 16: *The percentage of Wyoming counties with access to translation services*

Tracking Performance Measures *[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]*					
Annual Objective and					

Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	45	45	75	75	60
Annual Indicator		70.8	70.8	56.5	56.5
Numerator		17	17	13	13
Denominator		24	24	23	23
Is the Data Provisional or Final?				Final	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	65	65	70	70	70

Notes - 2002

Data come from the biannual State Systems Survey. No 2002 data are available. Estimates are based on previous year.

Notes - 2003

Data are from the 2003 Systems Enhancement Survey conducted by MCH with Public Health Nurses in all 23 counties. Included as having access to translation were: available, but not at certain times (12) and bilingual staff (1). Excluded were: None (1), Family/Friend (4), and No Need (1).

Notes - 2004

Data come from the biannual State Systems Survey. No 2004 data are available. Estimates are based on previous year.

a. Last Year's Accomplishments

MCH provided capacity grants to local communities to pay for translation services when programs and organizations did not have capacity to provide translation services. MCH assured Spanish language health education resources were available for distribution to the growing Hispanic populations in Wyoming. A website was available to identify Wyoming organizations that had translation services available in each county, as well as information regarding health and social services in the state.

The Minority Health Needs Assessment conducted by the OMH provided information concerning minority populations in the state, including demographics, mortality rates, behavioral risk factors, morbidity and health services utilization rates; as well as health disparities in the state. The report demonstrated that Native Americans often experience significant disparities in health status indicators, including diabetes, heart disease and unintentional injuries, and a relatively high percentage of uninsured persons with lower-than-average income.

The WPCA and MCH conducted focus groups to obtain information about barriers to health care . Lack of insurance and specialty care were identified as important minority community health issues.

MCH provided funding to Fremont County Public Health to augment Federal funding to enhance health services delivery through IHS on the Wind River Reservation.

MCH continued to contract with WHC to provide access to reproductive health services, a

primary vehicle for encouraging pregnancy planning and providing pre-conception care and referral to supplemented Title X funds

MCH was an active participant in the SRCC to assure support was available for FP services for both men and women to increase pregnancy intention.

WHC provided funding to the Migrant Health Program (MHP), to improve access for health screening and basic health care by mid-level practitioners to migrant and seasonal farm workers and their families.

The first Wyoming Minority Health Cultural Outreach Conference organized by the Minority Health Committee with funding from the Regional OMH, the Wyoming HIV program and in kind services from WHC and WPCA was held in April 2003. Wyoming health care providers and minority community leaders came together to share insights and experiences and advocate for cross-cultural understanding in health care services.

MCH provided capacity grants to county PHN offices (pass-through funding) to assist communities in development, delivery and quality evaluation of MCH services. PHN Service Delivery Plans included community support and education related to healthy lifestyle promotion and the recognition of risk factors for LBW/pre-term delivery.

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

MCH provided translation to Wyoming Hispanic residents. Similar efforts were undertaken by other WDH programs, (Diabetes, Breast and Cervical Cancer, Immunization, SAD and MHD), as well as the local Social Security Office.

MCH contracts with the WHC, providing access to reproductive health services, a primary vehicle for encouraging pregnancy planning and providing pre conception care and referral. Title V funds supplement Title X funds in reproductive health service provision throughout the state, including teen pregnancy prevention, STD screening and education, and a Fatherhood Initiative that emphasizes male involvement in family planning decisions.

The Minority Health Coordinator continues to work closely with the Minority Health Committee, which consists of racial and ethnic community leaders and state program mangers who meet quarterly at different sites across the state, to plan, promote and facilitate statewide

collaborative efforts among programs to better serve minority and special-needs populations.

The Connect Wyoming website is linked to the Minority Health website for public access and includes access to "Programs in Wyoming offering Services in Languages other than English." MCH provides Capacity Grants to local communities to pay for translation services when needed in communities.

Technical assistance was provided to agencies, by request, in a collaborative effort to address health disparities in rural Wyoming communities.

The Diabetes Program, with advocacy from the OMH, funded a grant in Teton County targeting Latinos to counter economic and language barriers that interfered with access to health care.

MCH funds provided support for enhancement of health services delivery through IHS on the Wind River Reservation, including perinatal, youth and CSH.

Funding was provided to WHC for the MHP to improve access for health screening and basic health care to migrant and seasonal farm workers and their families. MCH provided funding to Fremont County Public Health to augment Federal funding to enhance health services delivery through IHS on the Wind River Reservation. IHS clinics at Ft. Washakie and Arapahoe offered prenatal care, breastfeeding support, the Nurse Family Partnership, CSH services and infant, child and adolescent health care.

Migrant health fairs are planned for Summer 2005 in Powell and Worland.

c. Plan for the Coming Year

This performance measure has been discontinued since there are other governmental entities that address this issue, such as the CV program, Diabetes, Breast and Cervical Cancer, SAD and MHD. Additionally, the Minority Health Coordinator has been located to the Office of Rural Health, so MCH does not have direct influence on the position.

State Performance Measure 17: *The percent of infants born preterm (before 37 weeks gestation)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective		12	12	12	11.9
Annual Indicator	11.9	12.2	11.9	12.1	12.0
Numerator	745	748	777	809	770
Denominator	6254	6117	6550	6700	6405
Is the Data Provisional or Final?				Final	Provisional

	2005	2006	2007	2008	2009
Annual Performance Objective	11.8	11.8	11.7	11.7	11.7

Notes - 2002

As this is a new indicator, there were no objectives set prior to 2001.

Notes - 2004

2004 Vital Records data will not be available until March 2006. Estimates are based on average of preceeding 4 years.

a. Last Year's Accomplishments

Care coordination, offered to families of pregnant women and young children, is a best practice strategy.

NFP home visiting model, developed and researched by David Olds, Ph.D., is a best practice for first-time mothers and offered through PHN offices. Anticipated benefits demonstrated by the research of David Olds, Ph.D. through the implementation of the Nurse-Family Partnership (NFP) home visiting model are: (a) improved pregnancy outcomes, (b) improved child health and development, and (c) improved parental life course, such as decreased welfare dependency and increased self-sufficiency. Expansion of the program continued in FY04.

Wyoming WIC and family planning staff provided a primary vehicle for referrals to PHN offices for care coordination services. PHN offices maintain periodic contact with many agencies that interface with the MCH population, including local hospitals, health care providers, developmental preschools, Early Head Start and Head Start and secondary schools, as well as participating in community health planning coalitions.

Dr. Joanne Solchany (University of Washington) provided training at the 04 AWHONN conference related to the effect of depression in pregnancy.

ICR's (which included pregnant women hospitalized for pre-term labor) are provided to MCH weekly. MCH has collaborated with DFS to provide monthly reports of Wyoming women who are determined to be eligible for the Medicaid PWP program.

MCH strengthened collaboration with SAD in assisting with the development and funding of a social marketing campaign. MCH staff serves on the advisory committee for the DOE and SAD sponsored 21st Century/State Incentive Grant.

MCH assisted SAD in evaluating proposals received for social marketing activities.

MCH staff served on the Women's Treatment Advisory Council including the Women's Wellness Subcommittee, focused on co-occurance of domestic violence, substance use and mental health issues.

MCH partnered with SAD to repeat the Wyoming Reproductive Health Study that was conducted in the mid-1990s, and provided funding for development of the study.

In FY04, MCH collaborated with many partners to plan a needs assessment identifying gaps in women's services in the state and how to fill those gaps, of which was tobacco use is a major issue.

MOMS project continued with CPHE, gathering information on risk behaviors of pregnant women related to pre-term labor and LBW deliveries.

MCH was an active participant in the SRRC to assure support was available for FP services for both men and women to increase pregnancy intention.

MCH continued to contract with WHC to provide access to reproductive health services, a primary vehicle for encouraging pregnancy planning and providing pre-conception care and referral, supplementing Title X funds. The Migrant Health Program is also funded through WHC to provide the counties with the most migrant workers the necessary clinics to promote healthy pregnancy and term delivery.

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Perinatal support, outreach and education				X
2. Low Birth Weight (LBW) study/ Healthy Baby is Worth the Weight (HBWW) project			X	
3. ICR/Healthy Additions coordination tool/ APS Survey/DFS PWP report				X
4. Collaborate with Substance Abuse Division (SAD)				X
5. Maternal mental health screening and referral			X	
6. Women's Health Needs Assessment/ Women's Reproductive Health Study/MOMS project				X
7. Data system support				X
8. CFI/SRRC				X
9. Rocky Mountain Public Health Consortium				X
10. Translation services/ MCH capacity grant				X

b. Current Activities

Care coordination, a best practice strategy, will continue to be offered to families with pregnant women and young children. NFP home visiting services are offered to first-time mothers through PHN offices. The Nurse Home Visiting (HV) Consultant has strengthened the HV system throughout the state by planning and conducting regional meetings for the HV nurses and a supervisory support meeting for nurses throughout the state. The evaluations of these meetings have consistently been excellent, with PHN staff providing very positive feedback.

Wyoming WIC and family planning staff provide a primary vehicle for referrals to PHN offices for care coordination services. PHN offices are also maintaining periodic contact with many agencies that interface with the MCH population, including local hospitals, health care providers, developmental preschools, Head Start and Early Head Start, secondary schools, as well as participate in community health planning coalitions.

A Perinatal Consultant is researching standards for Child Birth Education (CBE). The goal is to assure all prenatal classes provided through PHN offices are presenting the most current EBP related to risk factors for preterm labor and support of healthy lifestyles for healthy, term delivery.

The DFS report of all women who have applied for Medicaid PWP were electronically sent to the appropriate PHN office to assure a timely followup by PHN staff to ovver perinatal services and support.

MCH will continue collaboration with SAD to address drug, tobacco and alcohol use and abuse.

MCH provided a full-day workshop by a national speaker for PHN staff in November 2004 to understand the dynamics of domestic violence and steps to take in addressing the issues within those families who are victims. The PC will research depression screening tools and help determine a screening tool to utilize in screening pregnant women through BB program.

The Women's Health Needs Assessment will determine health needs for women in the state, where gaps in services are, and how to address those gaps.

MOMS results have been available for the first time in FY05, guiding MCH policy and program development. The first MOMS preliminary report determined that 14.9% of women who responded to the survey smoked and had inadequate weight gain delivered a LBW infant. Additionally, approximately 60% oif women responding to the survey reported postpartum depression ranging from "a little depressed" to "very depressed and needed help".

The SRRC meets regularly to discuss issues related to intentional pregnancy and healthy pregnancy outcome.

The perinatal data documentation system captures a wealth of information regarding all perinatal Best Beginnings clients. Due to recent revisions to data collection forms and instructions, it is anticipated the quality of data will improve, so that more accurate data will be available for future MCH policy and program planning.

c. Plan for the Coming Year

Care coordination, a best practice strategy, will continue to be offered to families with pregnant women and young children. NPF home visiting services will continue to be offered to first-time mothers through PHN offices. The Nurse HV Consultant will continue regional NFP meetings throughout the state in FY06. Meetings will be planned to assure an opportunity of each of the 23 county offices to attend, in order to strengthen the NFP delivery systems. Supervisory meetings for those nurses who supervise the NFP nurses will be held on at least an annual basis, to assure sufficient support to build the NFP program.

The Perinatal Consultant will implement HBWW project targeting providers in the first phase of the project.

Referrals shared between APS (Medicaid) and MCH are expected to enhance the numbers and percentage of pregnant women contacted and offered perinatal support and services.

MCH will continue the collaboration with the SAD to address drug, tobacco and alcohol use and abuse. Currently in place is a social marketing campaign targeted to women for tobacco and drug cessation.

Integration of an appropriate mental health screening tool will be thoroughly researched and implemented into practice of the BB program. The PC, with experience and as a social worker, will be leading the project, with assistance from the CSH Nurse Consultant who has a background in psychiatric nursing.

Analysis of the first Wyoming Women's Health Needs Assessment will be completed in FY06, and will be made available to various entities throughout the state to help guide the future of Women's Health projects within the state.

MCH will continue to actively participate on the SRRC to address pregnancy intention and healthy pregnancy outcome.

The MOMS project is scheduled to continue in FY06 with SSDI funding. Wyoming moms have responded to the survey at a very high rate consistently (over 60%) in the past, and it is anticipated the percentage of surveys returned will continue to increase, as the survey becomes more widely known throughout the state. In August 2005, MCH staff will attend a pre-application meeting in Atlanta for PRAMS CDC funding. Receiving CDC funding for PRAMS will allow Wyoming the opportunity to compare our state statistics to other PRAMS states, to create a richer database of Wyoming statistics to guide future policy and programs.

The PC will research other models of care coordination that can be utilized that will target pregnant women in subsequent pregnancies, to supplement and complement the NFP program. Additionally, she will research CBE standards to assist in development of a CBE standard for Wyoming. Training will then be scheduled for PHN staff and other nurses who teach CBE classes (risks of pre-term labor, signs and symptoms of pre-term labor, etc.) to increase the likelihood of babies being born at a healthy weight and gestational age.

E. OTHER PROGRAM ACTIVITIES

Please see National and State Performance Measures for MCH program activities.

F. TECHNICAL ASSISTANCE

Technical assistance is requested to address emerging issues within the State of Wyoming that that are now requiring focus. The Governor has just completed a comprehensive statewide survey of families within Wyoming. Results of that survey have revealed a disproportionate level of families within the state are struggling with issues of poverty, underemployment, and often the need for families to work multiple jobs in order to maintain a minimal level of existence. Wyoming's unemployment rates are low, however, the reality of underemployment, underinsurance, and access to health care among many of Wyoming's families is becoming an area of grave concern. We are requesting assistance in providing guidance, leadership, technical assistance and/or education materials to service providers around the state that are faced with the challenge of assisting these families that are in absolute crisis.

Additionally, technical assistance is requested to enhance our ability to provide MCH services to pregnant women, infants, children and CSHCN. Currently, the nurses in local public health offices who provide direct services collect data by handwriting the information into standard forms. These forms are then sent to MCH via U.S. Mail or Fax, and the data is entered into the Best Beginnings database by data entry staff. If forms are incomplete or un-readable, they are sent back to the PHN office or the nurse is contacted for clarification. This is a cumbersome, ineffective and time intensive process.

Requested funding will purchase laptops and software for nurses to utilize in the field. MCH forms will be loaded onto laptops, allowing direct transmission of data. This effort will increase efficiency of reporting requirements; decrease duplication of efforts by PHN staff and data entry staff within MCH.

Wyoming is currently ranked at the very top of the lists for both suicide and unintentional deaths due to motor vehicle accidents. These numbers are most alarming in our younger aged populations, especially ages 15-24. Eighteen out of the twenty-three counties in Wyoming have been completely or partially designated as Health Professional Shortage Areas (HPSA) for primary care, and all twenty-three have been classified as Mental Health HPSA's. Wyoming is in desperate need to bolster training and professional development of providers who work with and may be able to identify risk behaviors among Wyoming's residence prior to tragedy.

V. BUDGET NARRATIVE

A. EXPENDITURES

FY2004 expenditures of MCH Block Grant funds and state funds were used as planned for in the budget. However, in the "other federal funds," we spent less in one area. The TANF funds were to be distributed to local Health Departments for nurse salaries. Vacancies due to the national nurse shortage are the reason for not spending the full amount budgeted.

B. BUDGET

Wyoming budgets on a 2 year cycle. This is the second year of the two year period. The 2006 budget is nearly a clone of the 2005 budget. The most noticible difference is in the Other Federal Funds category. Governor Freudenthal has designated the Department of Family Services as the recipient agency for future Abstinence grants. Therefore, the source was eliminated from this grants listings of Other Federal Funds administered.

VI. REPORTING FORMS-GENERAL INFORMATION

Please refer to Forms 2-21, completed by the state as part of its online application.

VII. PERFORMANCE AND OUTCOME MEASURE DETAIL SHEETS

For the National Performance Measures, detail sheets are provided as a part of the Guidance. States create one detail sheet for each state performance measure; to view these detail sheets please refer to Form 16 in the Forms section of the online application.

VIII. GLOSSARY

A standard glossary is provided as a part of the Guidance; if the state has also provided a state-specific glossary, it will appear as an attachment to this section.

IX. TECHNICAL NOTE

Please refer to Section IX of the Guidance.

X. APPENDICES AND STATE SUPPORTING DOCUMENTS

A. NEEDS ASSESSMENT

Please refer to Section II attachments, if provided.

B. ALL REPORTING FORMS

Please refer to Forms 2-21 completed as part of the online application.

C. ORGANIZATIONAL CHARTS AND ALL OTHER STATE SUPPORTING DOCUMENTS

Please refer to Section III, C "Organizational Structure".

D. ANNUAL REPORT DATA

This requirement is fulfilled by the completion of the online narrative and forms; please refer to those sections.